

IN THE UNITED STATES COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

~~~~~  
IN RE: NATIONAL PRESCRIPTION MDL NO. 2804  
OPIATE LITIGATION

Case No. 17-mdl-2804

Judge Dan Aaron Polster

This document relates to:

City of Cleveland, Ohio v. Purdue Pharma L.P.,  
et al.,  
Case No. 1:18-OP-45132

~~~~~  
Videotaped deposition of
GREGORY L. HALL, M.D.

December 19, 2018

9:10 a.m.

Taken at:

Tucker Ellis
950 Main Avenue
Cleveland, Ohio

Wendy L. Klauss, RPR

1 APPEARANCES:

2
3 On behalf of the Witness:

Weston Hurd LLP

4 DANIEL A. RICHARDS, ESQ.

The Tower at Erievue

5 1301 East 9th Street

Suite 1900

6 Cleveland, OH 44114-1862

(216) 687-3256

7 DRichards@westonhurd.com

8 On behalf of Cuyahoga County:

Napoli Shkolnik PLLC

9 JOSEPH L. CIACCIO, ESQ.

400 Broadhollow Road, Suite 305

10 Melville, NY 11747

(631) 224-1133

11 Jciaccio@napolilaw.com

12 On behalf of Cardinal Health, Inc.,

Co-Liaison Counsel for the Distributor

13 Defendants:

Williams & Connolly LLP

14 MONIKA ISIA JASIEWICZ, ESQ.

725 Twelfth Street, N.W.

15 Washington, DC 20005

(202) 434-5000

16 Ijasiewicz@wc.com

17 On behalf of Teva Pharmaceutical

Industries Ltd.:

18 Morgan Lewis, LLP

WENDY WEST FEINSTEIN, ESQ.

19 One Oxford Centre, 32nd Floor

301 Grant Street

20 Pittsburgh, PA 15219-6401

(412) 560-3300

21 Wendy.feinstein@morganlewis.com

-AND-

22 MEGAN R. BRADEN, ESQ.

77 West Wacker Drive, Fifth Floor

23 Chicago, IL 60601

(312) 324-1000

24 Megan.braden@morganlewis.com

25

1 APPEARANCES, Continued:

2 On behalf of Rite Aid:

Morgan Lewis, LLP

3 SCOTT T. SCHUTTE, ESQ.

77 West Wacker Drive

4 Chicago, IL 60601-5094

(312) 324-1000

5 Scott.schutte@morganlewis.com

6 On behalf of Walmart Inc. F/K/A Wal-Mart
Stores, Inc.:

7 Jones Day

CHRISTOPHER LOMAX, ESQ.

8 600 Brickell Avenue

Brickell World Plaza

9 Suite 3300

Miami, FL 33131

10 (305) 714-9700

Clomax.@jonesday.com

11 On behalf of Endo Health Solutions, Inc.,
12 Endo Pharmaceuticals Inc., Par
Pharmaceutical, Inc., and Par
13 Pharmaceutical Companies, Inc., (FKA Par
Pharmaceutical Holdings, Inc.)

14 Arnold & Porter

WILSON MUDGE, ESQ.

15 601 Massachusetts Ave, N.W.

Washington, D.C. 20001-3743

16 (202) 942-5150

Wilson.Mudge@arnoldporter.com

17 On behalf of Distributor
18 AmerisourceBergen Drug Corporation,
Co-Liaison Counsel for the Distributor
19 Defendants:

Jackson Kelly PLLC

20 GRETCHEN M. CALLAS, ESQ.

500 Lee Street East, Suite 1600

21 Charleston, WV 25301-3202

(304) 340-1169

22 Gcallas@jacksonkelly.com
23
24
25

1 APPEARANCES, Continued:

2 On behalf of Distributor Defendant
3 McKesson Corporation, Co-Liaison Counsel
for the Distributor Defendants:

4 Covington & Burling LLP
MICHAEL LANOSA, ESQ.
1999 Avenue of the Stars
5 Los Angeles, CA 90067
(424) 332-8000
6 Mlanosa@cov.com

~ ~ ~ ~ ~

7 Also Present:

8 Joe VanDetta, Videographer

9 ~ ~ ~ ~ ~

10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

TRANSCRIPT INDEX

APPEARANCES:	2
INDEX OF EXHIBITS	6
EXAMINATION OF GREGORY L. HALL, M.D.	
By Ms. JAZIEWICZ.....	11
By Ms. Feinstein.....	206
By Mr. Schutte.....	237
REPORTER'S CERTIFICATE.....	242
EXHIBIT CUSTODY	
EXHIBITS RETAINED BY COURT REPORTER	

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Beginning with Bates Label ...
CUYAH_012344074

INDEX OF VIDEO OBJECTION

	OBJECT	PAGE
1		
2		
3	objection.....	50
4	object.....	64
5	objection.....	81
6	objecting.....	83
7	object.....	102
8	objection.....	131
9	object.....	141
10	objection.....	153
11	objection.....	153
12	objection.....	157
13	objection.....	158
14	objection.....	159
15	objection.....	159
16	objection.....	171
17	objection.....	171
18	objection.....	171
19	objection.....	171
20	objection.....	172
21	objection.....	172
22	object.....	173
23	objection.....	178
24	objection.....	179
25	objection.....	183

1	objection.....	183
2	object.....	195
3	object.....	198
4	objection.....	201
5	object.....	201
6	objection.....	211
7	objection.....	224
8	objection.....	226
9	objection.....	227
10	objection.....	228
11	objection.....	228
12	object.....	229
13	object.....	236

14

15

16

17

18

19

20

21

22

23

24

25

1 THE VIDEOGRAPHER: We are now on
2 the record. The date is December 19, 2018.
3 The time is 9:10 a.m. The caption of the case
4 is In Re: National Prescription Opiate
5 Litigation. The name of the witness is Gregory
6 Hall.

7 At this time the attorneys present
8 and those attending remotely will identify
9 themselves and the parties that they represent.

10 MS. JAZIEWICZ: Isia Jasiewicz, of
11 Williams & Connolly LLC, on behalf of Cardinal
12 Health.

13 MS. FEINSTEIN: Wendy West
14 Feinstein, with Morgan Lewis, on behalf of the
15 Teva defendants.

16 MR. SCHUTTE: Scott Schutte, from
17 Morgan Lewis, on behalf of Rite Aid.

18 MR. LOMAX: Christopher Lomax, from
19 Jones Day, on behalf of Walmart.

20 MR. CIACCIO: Joseph Ciaccio,
21 Napoli Shkolnik, on behalf of Cuyahoga County.

22 MR. RICHARDS: Dan Richards, from
23 the law firm of Weston Hurd, on behalf of Dr.
24 Greg Hall.

25 MS. JAZIEWICZ: Who do we have on

1 the phone?

2 MS. BRADEN: Hi. This is Megan
3 Braden, from Morgan Lewis, also on behalf of
4 the Teva Defendants.

5 MR. MUDGE: This is Wilson Mudge,
6 of Arnold & Porter, on behalf of the Endo and
7 Par Defendants.

8 MR. LANOSA: This is Michael
9 Lanose, from Covington & Burling, on behalf of
10 McKesson Corporation.

11 MS. CALLAS: This is Gretchen
12 Callas, of Jackson Kelly, on behalf of
13 AmerisourceBergen.

14 THE VIDEOGRAPHER: Would the court
15 reporter please swear in the witness.

16 GREGORY L. HALL, M.D., of lawful
17 age, called for examination, as provided by the
18 Statute, being by me first duly sworn, as
19 hereinafter certified, deposed and said as
20 follows:

21 EXAMINATION OF GREGORY L. HALL, M.D.

22 BY MS. JAZIEWICZ:

23 Q. Go morning, Dr. Hall.

24 A. Good morning.

25 Q. Would you please state your name

1 for the record.

2 A. Gregory L. Hall.

3 Q. Where do you live?

4 A. Mayfield Village, Ohio.

5 Q. How long have you lived there?

6 A. 12 years.

7 Q. Have you ever been deposed before?

8 A. I have.

9 Q. How many times?

10 A. Four times maybe.

11 Q. In what kind of case?

12 A. A malpractice case.

13 Q. And when was the most recent time
14 that you were deposed?

15 A. Maybe four years ago, maybe five,
16 something like that.

17 Q. So since you have been through this
18 before, you know the drill, but just please
19 make sure that you respond audibly, so the
20 court reporter can get all your answers. So
21 say yes or no, rather than uh-uh; is that okay?

22 A. Yes, ma'am.

23 Q. So you understand that you are
24 under oath?

25 A. Yes, I do.

1 Q. Do you understand what that means?

2 A. I have a perspective of it, yes,
3 ma'am.

4 Q. What is your perspective?

5 A. It means I should be honest.

6 Q. You understand it means you should
7 tell the truth, the whole truth, and nothing
8 but the truth?

9 A. Yes, ma'am.

10 Q. And that you should testify based
11 on your knowledge, not what somebody has told
12 you?

13 A. Yes, ma'am.

14 Q. Are you currently employed?

15 A. Yes, I am.

16 Q. Who is your current employer?

17 A. I am currently employed by
18 Cleveland State University as the co-director
19 of the NEOMED-CSU Partnership for Urban Health.
20 I'm also employed by Gregory L. Hall M.D.,
21 Inc., I'm a physician in private practice.

22 Q. What portion of your time do you
23 spend on your employment at Cleveland State
24 University?

25 A. It's a full-time position.

1 Q. What percentage of your working
2 time do you spend on that job?

3 A. As part of my position, I train
4 medical students, premed students, and so when
5 they are in my office, I work in my office two
6 half-days a week, they are shadowing me there,
7 but I'm also still in my position at Cleveland
8 State as a mentor for the students. So part of
9 my job is to be in my office two half-days.

10 Q. Okay. So the job -- the two
11 half-days that you spend in your office in your
12 private practice include time that you are
13 spending on your employment at Cleveland State,
14 mentoring students --

15 A. Yes, ma'am.

16 Q. -- is that right?

17 A. That's correct.

18 Q. And you mentioned that you spend
19 two half-days a week in our office in private
20 practice; is that right?

21 A. That's correct.

22 Q. And aside from those two half-days,
23 how much time do you spend on your employment
24 with Gregory Hall, M.D.?

25 A. Oh, those are the two half-days I'm

1 with Gregory Hall, M.D., and then there is four
2 whole days I spend at Cleveland State
3 University.

4 Q. So you spend four whole a week at
5 Cleveland State University, plus two half-days
6 in your private practice, which also includes
7 students shadowing you from Cleveland State
8 University; is that right?

9 A. Yes, ma'am.

10 Q. In your private practice, what kind
11 of medicine do you practice?

12 A. Internal medicine, primary care.

13 Q. During the two half-days a week
14 that you spend in your private practice office,
15 what are you doing during that time?

16 A. Seeing patients.

17 Q. Seeing patients. And I believe you
18 said that you are employed by both Cleveland
19 State University and your private practice?

20 A. I am, that's correct.

21 Q. Do you have any other employment?

22 A. I have a contractual agreement with
23 nursing homes and a nursing home company, as
24 medical director of four nursing homes.

25 Q. Are those four nursing homes all

1 part of the same nursing home company?

2 A. No. Three are part of one and one
3 is part of another company.

4 Q. Okay. So what are the names of the
5 nursing homes that you have contracts with?

6 A. I have a contract with Eliza Bryant
7 Village, University Manner, The Willows, and
8 Crawford Manner.

9 Q. Are you employed by any of those
10 nursing homes?

11 A. I receive reimbursement for being
12 the medical director.

13 Q. Are you an independent contractor
14 for those nursing homes?

15 A. Yes, ma'am.

16 Q. What portion of your time do you
17 spend on these contractual agreements with
18 nursing homes?

19 A. It varies. I sort of do everything
20 at once. They call, and when they call, I'm
21 available.

22 Q. If you could estimate, sort of, in
23 a typical month what percentage of your time
24 you spend on your contractual agreements with
25 nursing homes?

1 A. 20 percent.

2 Q. Do your contracts with the nursing
3 homes specify a certain number of hours that
4 you work for them?

5 A. I think the Eliza Bryant one does.
6 The other ones, I don't believe they do.

7 Q. And what is the hourly requirement
8 for the Eliza Bryant one?

9 A. I can't tell you for sure. I've
10 got a couple numbers in my head. I can't tell
11 you. It is under ten.

12 Q. Under ten hours per month?

13 A. It's under ten hours per week.

14 Q. You said you are compensated under
15 a contract for the time that you spend working
16 with nursing homes; is that right?

17 A. For the time that I spend, yes,
18 working, yes.

19 Q. Is that compensation based on the
20 number of hours that you work?

21 A. No.

22 Q. So it is structured more like a
23 salary, but you are an independent contractor;
24 is that fair to say?

25 A. I think it's fair.

1 Q. And what kind of work do you do for
2 these nursing homes?

3 A. I basically am the physician that's
4 over the physicians.

5 Q. So you oversee other physicians who
6 work in the nursing homes?

7 A. Yes.

8 Q. Are those physicians employed by
9 the nursing home?

10 A. No.

11 Q. Do you see patients in nursing
12 homes?

13 A. I do.

14 Q. And what kind of care do you
15 provide the patients in nursing homes?

16 A. Good care.

17 Q. Any particular category of care,
18 any specialty?

19 A. Internal medicine.

20 Q. So you are employed by Cleveland
21 State University and by your private practice.
22 You also have contractual agreements with
23 nursing homes?

24 A. In my practice, under my practice.

25 Q. Under your practice?

1 A. Correct.

2 Q. Okay. Do you have any other
3 employment?

4 A. No. Not the way I'm thinking of
5 employment, no.

6 Q. How are you thinking of employment?

7 A. I'm thinking of receiving a check.

8 Q. Do you have any other entities that
9 you have independent contractor relationships
10 with?

11 A. Yes.

12 Q. What are those?

13 A. I'm thinking that I've got a
14 contract with the Ohio Department of Youth
15 Services, where I do laser tattoo treatments on
16 youth that are in jail, gang tattoos, and try
17 to get those removed before they get out.

18 Q. You said that was the Health
19 Department of Youth Services?

20 A. The Ohio Department of Youth
21 Services.

22 Q. Ohio Department of Youth Services.
23 Is that a state government agency?

24 A. Yes.

25 Q. How much time, in the average

1 month, do you spend on your contract with the
2 Ohio Department of Youth Services?

3 A. Not much, not much at all. It
4 would be a very small -- the treatments are
5 very short, and I might do two episodes a
6 month. So it would be -- literally wouldn't
7 add up to a half hour.

8 Q. Okay. Setting aside nursing homes
9 and the Ohio Department of Youth Services, do
10 you have any other independent contractor
11 relationships?

12 A. So the Cuyahoga County Board of
13 Health pays me every six months. I don't
14 believe there is a contract, but I do get a
15 check every six months, but it's not an
16 employment situation.

17 Q. Okay. We will come back to that
18 one.

19 Do you have any other contractual
20 agreements to provide work or services?

21 A. Nothing I can think of right now.

22 Q. Can I ask how long have you had
23 your private practice?

24 A. Yeah. Since 2002.

25 Q. And how long have you been employed

1 by Cleveland State University?

2 A. Since July, July 13, 2018.

3 Q. Of 2018. How long have you had a
4 contractual agreement with Eliza Bryant Nursing
5 Home?

6 A. About a year.

7 Q. How about with University Manner?

8 A. Significantly longer. I'm trying
9 to think. Over ten years.

10 Q. How about with The Willows?

11 A. Also over ten years.

12 Q. And how about with Crawford Manner?

13 A. I know with Crawford, it's been 18
14 years.

15 Q. Could you please tell me briefly
16 about your educational background.

17 A. Yeah. I went to, for college,
18 start there, I went to Williams College in
19 Williamstown, Massachusetts, and then to
20 Medical College of Ohio in Toledo, which is now
21 part of the University of Toledo School of
22 Medicine, and I did my residency at Cleveland
23 Clinic.

24 Q. What did you study at Williams
25 College?

1 A. I majored in psychology and I was a
2 premed student.

3 Q. And what field did you do your
4 residency in?

5 A. Internal medicine.

6 Q. Do you have any board
7 certifications?

8 A. I do.

9 Q. What?

10 A. I have a board certification with
11 the National Board of Physicians and Surgeons.

12 Q. Do you have any other professional
13 certifications?

14 A. Not significant, no.

15 Q. When you say not significant, what
16 do you mean by that?

17 A. I had to get certified to do the
18 laser, use the laser for the tattoo removal.

19 Q. When were you certified for that?

20 A. Maybe six years ago.

21 Q. Any other certifications?

22 A. No.

23 Q. Do you have any hospital
24 affiliations?

25 A. Yes.

1 Q. What are those affiliations?

2 A. St. Vincent Charity Medical Center.
3 That's the only one.

4 Q. Do you see patients at St. Vincent
5 Charity Medical Center?

6 A. Yes, ma'am.

7 Q. When you see patients at St.
8 Vincent Charity Medical Center, is that through
9 your private practice?

10 A. Yes, it is. I remembered that I am
11 the medical director of community outreach for
12 St. Vincent Charity Medical Center. That ended
13 last month. So up until last month, I was
14 that, and I had received income for that. That
15 goes under my practice as an independent
16 contractor.

17 Q. So your private practice was an
18 independent contractor for St. Vincent Charity
19 Medical Center?

20 A. No. When I got a check from St.
21 Vincent, that went into Gregory L. Hall, M.D.,
22 as part of the income.

23 Q. So you were an independent
24 contractor for St. Vincent and used that income
25 to fund your private practice?

1 A. Correct.

2 Q. And how long had you had that
3 position as medical director of community
4 outreach at St. Vincent?

5 A. Probably ten years or more as well.

6 Q. And when did that affiliation end?

7 A. Last month.

8 Q. Why did it end?

9 A. The contract wasn't renewed.

10 Q. Was it a yearly contract?

11 A. It was.

12 Q. Yearly. And what were your duties
13 as medical director of community outreach at
14 St. Vincent?

15 A. To be the liaison for the hospital
16 with area nursing homes and to be available
17 when there were health screenings and whatnot,
18 to review the labs.

19 Q. And how much time would you spend
20 in an average month on your role as medical
21 director of community outreach at St. Vincent?

22 A. I would spend 20 hours.

23 Q. Was that an amount of time
24 specified in your contract?

25 A. It was the maximal amount specified

1 in the contract.

2 Q. You mentioned this briefly, but you
3 are a member of the board of the Cuyahoga
4 County Board of Health, right?

5 A. Yes.

6 Q. Are you employed with the board of
7 health?

8 A. No.

9 Q. Do you have a contract with the
10 board of health?

11 A. No.

12 Q. You mentioned that you receive
13 compensation for your work with the board of
14 health?

15 A. Yes.

16 Q. What sort of compensation do you
17 receive?

18 A. I see it as negligible.

19 Q. Is it pursuant to any agreement?

20 A. It's not that I'm aware of.

21 Q. How often do you receive
22 compensation?

23 A. Every six months.

24 Q. What is the amount that you receive
25 every six months?

1 A. I am not aware of the amount. It's
2 something like \$400. It's dependent on how
3 many meetings I attend. So I thought about it
4 as I was driving in, and I just can't give you
5 a hard number. I apologize.

6 Q. And you said that depends on the
7 number of meetings you attend?

8 A. Correct.

9 Q. Does it depend on the number of
10 hours that you spend on your work for the board
11 of health?

12 A. I don't know.

13 Q. Who issues the check that you
14 receive every six months?

15 A. I believe it is Cuyahoga County.

16 Q. Is it Cuyahoga County or the
17 Cuyahoga County Board of Health?

18 A. I believe it's Cuyahoga County. I
19 could be wrong.

20 Q. If you wanted to check that, where
21 would you look?

22 A. My next check.

23 Q. Do you have a particular position
24 on the board of the Cuyahoga County Board of
25 Health?

1 A. I am the president pro tem.

2 Q. What does that mean?

3 A. When the president is absent, I
4 lead the meetings. And I also have to take
5 notes that -- really, it is a form, where I
6 will indicate who moved and who seconded and
7 votes, and it is sort of in concert with the
8 commissioner, who is the official secretary of
9 the board. So it's sort of a backup document
10 that I'm asked to do.

11 Q. How long have you served on the
12 board of the Cuyahoga County Board of Health?

13 A. 2010.

14 Q. And how long have you been
15 president pro tem?

16 A. Probably four years.

17 Q. How many members sit on the board?

18 A. Six.

19 Q. Are you able to remember all their
20 names?

21 A. Yes. Sherrie Dixon Williams,
22 Debbie Moss, James Gatt, Gregory Hall, and to
23 the left of me is -- he's going to be insulted.
24 I'll think of it before the deposition is over.

25 Q. Is it Doug Wang?

1 A. It is Doug Wang. Thank's for not
2 distracting me. Of course it's Doug Wang.
3 Yes, yes, it is.

4 I apologize. Doug, I'm sorry.

5 Q. And when you say to the left of
6 you, you mean if you were sitting in your board
7 meeting; is that correct?

8 A. Correct. Correct.

9 MR. RICHARDS: We will let the
10 record reflect I'm not Doug Wang.

11 A. Yeah. I'm sorry, that's crazy. So
12 that's one, two, three -- yeah, is that five?

13 Q. That's five.

14 A. Sorry.

15 Q. So there are five members of the
16 board?

17 A. Well, I don't know if Terry Allan
18 is the commissioner and secretary of the board.
19 I mean, I wasn't thinking that, but I could
20 play it off like I was saying that all along,
21 but he is the secretary of the board, so I
22 don't know if that counts.

23 Q. Okay. Terry Allan is the health
24 commissioner --

25 A. Correct.

1 Q. -- is that right?

2 And he also sits on the board as
3 secretary; is that right?

4 A. He serves on the board as
5 secretary.

6 Q. He serves on the board as
7 secretary.

8 So let me just see if I got this
9 right. There are five members of the board?

10 A. Correct.

11 Q. Plus Terry Allan, who serves on the
12 board as its secretary?

13 A. To the best of my knowledge.

14 Q. Do you know what Sherrie Dixon
15 Williams does for a living?

16 A. Yeah. She's a physician.

17 Q. How about Debbie Moss?

18 A. She's an attorney.

19 Q. What does James Gatt do for a
20 living?

21 A. He's retired.

22 Q. Do you know what profession he
23 retired from?

24 A. Not specifically.

25 Q. What does Doug Wang do for a

1 living?

2 A. He's retired.

3 Q. Do you know what profession he is
4 retired from?

5 A. Not specifically.

6 Q. When you say not specifically --

7 A. I believe Doug Wang was in banking,
8 but I could be wrong. I believe Jim Gatt was
9 in information technology, but I could be
10 wrong.

11 Q. Am I right that you and Dr. Dixon
12 Williams are the only physicians on the board?

13 A. You are correct.

14 Q. Is there a requirement that there
15 be a physician or physicians on the board?

16 A. Not that I'm aware of.

17 Q. Are there any eligibility
18 requirements for individuals to serve on the
19 board?

20 A. None that I'm aware of.

21 Q. I believe you testified that you
22 became a member of the board in 2010; is that
23 right?

24 A. That's correct.

25 Q. Was there a vacancy then?

1 A. Yes.

2 Q. Who left?

3 A. Liticker, I don't know his first
4 name, Dr. Liticker.

5 Q. Was Dr. Liticker also a physician?

6 A. He was.

7 Q. How did you become a board member?

8 A. I went to a meeting of the district
9 council, which is a group of mayors that are in
10 Cuyahoga County, and was presented to them, and
11 they voted me in.

12 Q. You said the district council. Is
13 that the same thing as District Advisory
14 Council?

15 A. Yes. You say it much better.

16 Q. And what is the District Advisory
17 Council?

18 A. From my understanding, it is a
19 group of mayors from townships and villages in
20 Cuyahoga County.

21 Q. Does the District Advisory Council
22 have representatives from every township and
23 village in Cuyahoga County?

24 A. I can't say.

25 Q. Does the District Advisory Council

1 include representatives from any cities?

2 A. No.

3 Q. So there is no representative from
4 the City of Cleveland?

5 A. No.

6 Q. You said you were presented to the
7 District Advisory Council. Who presented you?

8 A. Terry Allan.

9 Q. When did you first meet Terry
10 Allan?

11 A. I met him at a conference that I
12 was speaking at some years earlier, five or six
13 years earlier, so maybe 2005. It was the We
14 Are the Uninsured Conference that was put on by
15 the Sisters of Charity.

16 Q. And how did Mr. Allan come to
17 present you to the District Advisory Council?

18 A. That would be that hearsay thing
19 you said not to do. I don't know.

20 Q. Did you express interest in
21 becoming a board member to him?

22 A. I did not.

23 Q. Did he approach you and ask you if
24 you would be interested in becoming a board
25 member?

1 A. Yes, he did.

2 Q. When did that happen?

3 A. I'm going to say 2009.

4 Q. And approximately how many months
5 after he approached you were you presented to
6 the District Advisory Council?

7 A. I'm going to say five.

8 Q. Before you were presented to the
9 District Advisory Council, did you have to
10 submit any kind of application to become a
11 board member?

12 A. No. It wasn't an application. It
13 was a CV.

14 Q. Did you interview for the position
15 of board member?

16 A. I don't think I did. I mean, we
17 had a discussion, and I was presented.

18 Q. When you say you had a discussion,
19 that was with Terry Allan?

20 A. Yeah. He called me and we had a
21 discussion.

22 Q. Did you have any kind of discussion
23 with members of the District Advisory Council?

24 A. I had a discussion with the mayor
25 of Mayfield Village, which is the village I

1 live in, to present me as a potential board
2 member, or to nominate me, I should say that.

3 Q. So the mayor of your township
4 nominated you as a potential board member?

5 A. Actually, no.

6 Q. No?

7 A. But I had a discussion with him
8 about that. Someone else jumped in and
9 nominated me before he did.

10 Q. Who nominated you?

11 A. I do not know, but I appreciated
12 it.

13 Q. So you were nominated, and then the
14 District Advisory Council voted; is that right?

15 A. Yeah. It was nominated, it was
16 seconded, and then they voted, correct.

17 Q. Do you understand yourself to have
18 been appointed to the board; is that the word
19 you would use?

20 A. By the District Advisory Council?

21 Q. Right.

22 A. Yeah, I guess.

23 Q. Why were you interested in joining
24 the board of the Cuyahoga County Board of
25 Health?

1 A. I was the chairman of the Ohio
2 Commission on Minority Health, and we had
3 worked with the Cuyahoga County Board of Health
4 on local measures, and I am very interested in
5 the health of people that live in Cuyahoga
6 County. So it was an honor.

7 Q. You said you were chairman of the
8 Ohio Commission of Minority Health?

9 A. Yeah. Ohio Commission on Minority
10 Health.

11 Q. On Minority Health. Do you still
12 hold that position?

13 A. No.

14 Q. How long did you hold that position
15 for?

16 A. I was chairman for four or five
17 years, and I was on the commission for 16
18 years.

19 Q. Are you on the commission now?

20 A. No.

21 Q. What was the last year that you
22 served on the commission?

23 A. Oh, I stepped down in -- my term
24 ended in September of this year.

25 Q. Why did you step down?

1 A. I have a number of
2 responsibilities, and so when I got the
3 position at Cleveland State, I felt I needed to
4 give up something.

5 Q. But you did not give up your work
6 with the board of the Cuyahoga County Board of
7 Health, right?

8 A. No.

9 Q. Is that work important to you?

10 A. Yes.

11 Q. Why so?

12 A. Well, it's -- I feel that they do a
13 lot of good across an array of measures.

14 Q. Does your work as a physician
15 inform your work for the board?

16 A. I think so.

17 Q. How so?

18 A. Sometimes when we discuss, you
19 know, chronic disease, obesity, diabetes, I can
20 give an anecdotal story from my practice or
21 things that are sort of out there, as relates
22 to patients.

23 Q. And how does your ability to give
24 stories based on your clinical practice enhance
25 or inform your work for the board?

1 A. I don't know that it enhances or
2 informs. I mean, I just contribute my
3 perspective.

4 Q. Do you believe you have a valuable
5 perspective to contribute as a physician?

6 A. I believe it is somewhat valuable.

7 Q. Aside from sitting on the board of
8 the Cuyahoga County Board of Health and the
9 contract work you do with the Ohio Department
10 of Youth Services, do you currently work or
11 serve in any other governmental agency?

12 A. Yes.

13 Q. What agency?

14 A. Medicaid. I'm on the medical care
15 advisory committee for Ohio Medicaid.

16 Q. Is that for the State of Ohio?

17 A. Yes, ma'am.

18 Q. How long have you been on the
19 medical care advisory committee for Ohio
20 Medicaid?

21 A. Ten years.

22 Q. What are your duties on that
23 committee?

24 A. Really, just to advise.

25 Q. Advise on what kind of issues?

1 A. Yeah. From the perspective, I
2 think I was assigned because I was the chairman
3 of the commission on minority health, so it was
4 a minority health perspective, I believe, is
5 why I was appointed.

6 Q. Are you compensated for your
7 work --

8 A. No.

9 Q. -- for Ohio Medicaid?

10 A. No.

11 Q. How many hours a month do you spend
12 on your work for Ohio Medicaid?

13 A. We have quarterly meetings, and
14 recently they have been recently cancelled, so
15 it's negligible.

16 Q. Aside from Cuyahoga County Board of
17 Health, Ohio Department of Youth Services and
18 Ohio Medicaid, do you currently work or serve
19 in any other governmental agency?

20 A. No other governmental agencies I
21 can think of.

22 Q. Do you serve on the board of any
23 other organizations?

24 A. None that I can think of.

25 Q. Have you ever worked or served in

1 any other governmental agency? So we now have
2 Cuyahoga County Board of Health, Ohio
3 Department of Youth Services, Ohio Medicaid,
4 and then also the Ohio Commission on Minority
5 Health. Are there any others?

6 A. I don't think so.

7 Q. And have you ever served on the
8 board of any other organizations?

9 A. Yes.

10 Q. What organizations?

11 A. It was the North Eastern
12 Neighborhood Development Corporation. I was
13 the chairman.

14 Q. How long did you hold that
15 position?

16 A. Ten years.

17 Q. And when was the last year you held
18 that position?

19 A. I can't tell you. Late 2000s,
20 maybe. I don't really -- I can't say. Or mid
21 2000s, I think.

22 Q. What is the Cuyahoga County Board
23 of Health?

24 A. That's a good question. It's -- I
25 see it from different perspectives. I see it

1 as the larger organization that employs over
2 100 people, and so I see it as the
3 organization.

4 Q. Okay. So when you say Cuyahoga
5 County Board of Health, you are defining that
6 to mean the full organization that employs over
7 100 people. What is the work of that?

8 A. To improve the health of the
9 citizens of Cuyahoga County.

10 Q. Is the Cuyahoga County Board of
11 Health a government agency?

12 A. I think of it as one.

13 Q. Is it a government agency of
14 Cuyahoga County?

15 A. I would imagine.

16 Q. You would imagine, but you are not
17 sure?

18 A. I am not sure.

19 Q. Does Cuyahoga County have any other
20 health departments, aside from the board of
21 health?

22 A. There is a health department in
23 Cleveland, and there may be another, but I
24 can't think of it.

25 Q. What communities does the Cuyahoga

1 County Board of Health serve?

2 A. The communities in Cuyahoga County.

3 Q. Does that include the City of
4 Cleveland?

5 A. No. But in some ways it does.

6 Q. When you say, in some ways it does,
7 what do you mean?

8 A. When we do, say, chronic disease,
9 obesity and nutrition measures, we touch people
10 in the City of Cleveland. We don't exclude
11 people from the City of Cleveland, so our
12 interventions may impact them.

13 Q. Do you, as a board member of the
14 Cuyahoga County Board of Health, interact at
15 all with the Cleveland health department?

16 A. No.

17 Q. Are there any other government
18 agencies in Cuyahoga County that deal with
19 public health issues?

20 A. I don't know.

21 Q. Does the board of health interact
22 with any other government agencies?

23 A. I believe it does.

24 Q. What agencies?

25 A. Cleveland.

1 Q. So you, as a board member, don't
2 necessarily interact with the Cleveland health
3 department, but the board itself, the board of
4 health, meaning the broader organization,
5 might?

6 A. Yes.

7 Q. Okay. Does the Cuyahoga County
8 Board of Health answer to any other government
9 agency?

10 A. I feel like it answers to the
11 District Advisory Council.

12 Q. And I think you said before the
13 District Advisory Council is a group of mayors
14 and leaders of townships and villages; is that
15 how you would say that?

16 A. Yeah, yes.

17 Q. What does the District Advisory
18 Council do?

19 A. I can't say. When I was sworn in,
20 he made a presentation to the mayors.

21 Q. When you say he, you mean Terry
22 Allan?

23 A. Terry Allan, correct. Sorry.

24 So in that sense, I felt like he
25 was reporting out the activities of the board

1 of health to them.

2 Q. So you attended a District Advisory
3 Council meeting when you were becoming a board
4 member?

5 A. Correct.

6 Q. Since then, have you ever attended
7 any District Advisory Council meetings?

8 A. I don't believe so.

9 Q. What kind of authority does the
10 District --

11 A. Oh, I was reappointed. We serve
12 five-year terms. So I would have had to go to
13 be reappointed in 2015.

14 Q. When you went to be reappointed in
15 2015, how did that process work?

16 A. I was presented for reappointment,
17 and, again, it was moved and seconded and voted
18 on, and I was reappointed.

19 Q. Did Terry Allan present you?

20 A. Yes.

21 Q. What kind of authority does the
22 District Advisory Council have over the board
23 of health?

24 A. I'm not aware.

25 Q. We have talked briefly about Terry

1 Allan, who is health commissioner for the board
2 of health. What does he do in that role?

3 A. He's the commissioner of health.

4 Q. What does that mean?

5 A. I see him as overseeing the
6 activities of the board of health.

7 Q. Is Terry Allan employed by the
8 board of health?

9 A. I believe so.

10 Q. Does the health commissioner answer
11 to the board of the board of health?

12 A. I believe so.

13 Q. Does the board of the board of
14 health have power to hire and fire the health
15 commissioner?

16 A. Yes.

17 Q. I think you said that you first met
18 Terry Allan at a conference; is that right?

19 A. That's correct.

20 Q. How long have you known Terry
21 Allan?

22 A. Since that conference.

23 Q. And remind me when that was?

24 A. I couldn't tell you. I mean, it
25 was before 2010, but I can't hammer it down.

1 I'm thinking the mid/early 2000s.

2 Q. So after you met Terry Allan at the
3 conference, but before you joined the board of
4 health, did you and Terry Allan stay in touch?

5 A. No.

6 Q. When he approached you in 2009
7 about becoming a board member, were you
8 surprised to hear from him?

9 A. I was.

10 Q. Do you know why he approached you?

11 A. I think it is because of -- he said
12 it was because he enjoyed my presentation, and
13 he knew I was on the -- the chairman of the
14 commission on minority health. Or at that
15 point in time I was on the -- I was the vice
16 chair for most of the time I was on the
17 commission for minority health.

18 Q. Aside from working with Mr. Allan
19 on the board of health, do you have any other
20 relationship with Mr. Allan?

21 A. No.

22 Q. How many employees does the board
23 of health have?

24 A. I can't tell you.

25 Q. Is it more than 100?

1 A. Yes.

2 Q. Is it more than 150?

3 A. I believe so.

4 Q. Is it more than 200?

5 A. I can't say.

6 Q. Who makes decisions to hire and
7 fire board of health employees?

8 A. Human resources.

9 Q. Does the board of the board of
10 health play a role in personnel decisions?

11 A. Aside from the commissioner and the
12 attorney, no.

13 Q. So when you say, aside from the
14 commissioner and the attorney, the board is
15 involved in hiring and firing the health
16 commissioner and the attorney for the board; is
17 that right?

18 A. Well, we renewed his contract, so I
19 haven't been involved with any hiring or firing
20 of the commissioner. I was involved with the
21 hiring of the attorney.

22 Q. You say, we renewed his contract.
23 You mean Terry Allan's contract, as health
24 commissioner?

25 A. Yes, ma'am.

1 Q. And you were also involved in
2 hiring the attorney for the board of health?

3 A. Correct.

4 Q. When was that?

5 A. I'm going to say a couple years
6 into my term, maybe 2012, or something like
7 that.

8 Q. What is the role of the board
9 itself within Cuyahoga County Board of Health?

10 A. I know we approve funds that come
11 to the board of health, we receive
12 presentations on behalf of the activities of
13 the board of health.

14 Q. What do you do as a board member?

15 A. I attend the meetings.

16 Q. How often do you attend meetings?

17 A. Most of the time.

18 Q. How often do the meetings occur?

19 A. Monthly.

20 Q. So there are monthly meetings, and
21 you attend most of those meetings; is that
22 right?

23 A. By and large. There is one today,
24 I'm missing that one.

25 Q. Sorry about that.

1 A. That's all right.

2 Q. How many hours a month do you spend
3 on your work for the board?

4 A. Four.

5 Q. And what do those hours consist of?

6 A. Attending the meeting.

7 Q. Do you do any other work for the
8 board of health other than attending a monthly
9 board meeting?

10 A. I'm the chair of the diversity
11 committee.

12 Q. What does that mean?

13 A. That's a committee trying to make
14 sure the diversity issues are addressed, in
15 terms of personnel and contractors, and just
16 making sure we are a fair board of health.

17 Q. So the diversity committee looks at
18 diversity issues within the board of health
19 itself; is that right?

20 A. Correct.

21 Q. So it is not about diversity in the
22 broader community?

23 A. Well, we look at the broader
24 community and hope that we can mirror the
25 broader community in the diversity that it

1 chose.

2 Q. What do you do as chair of the
3 diversity committee?

4 A. I chair the diversity committee
5 meetings.

6 Q. How often does the diversity
7 committee meet?

8 A. Twice a year now.

9 Q. How long are those meetings?

10 A. About 45 minutes.

11 Q. Aside from attending the meetings,
12 do you do any other work as chair of the
13 diversity committee?

14 A. I will review the minutes, and we
15 will have a phone call and set the agenda prior
16 to that, the meeting.

17 Q. Aside from attending board meetings
18 and serving as chair of the diversity
19 committee, do you do any other work for the
20 Cuyahoga County Board of Health?

21 A. I read emails, I try to stay
22 engaged, I read the a agenda, I read the
23 minutes. It doesn't take long, but...

24 Q. You said there is a monthly meeting
25 of the board plus two meetings a year of the

1 diversity committee.

2 Are there any other types of
3 meetings that you attend as a board member for
4 the Cuyahoga County Board of Health?

5 A. None that I can remember.

6 Q. Are board meetings public?

7 A. Yes.

8 Q. So anyone can attend them?

9 A. Yes.

10 Q. How many people, on average, attend
11 each board meeting?

12 A. I'm going to say 20, 20 to 30.

13 Q. Is that counting the members of the
14 board?

15 A. Yeah. I'm counting the people in
16 the room, right.

17 Q. In a typical board meeting, what
18 are the categories of people who are in the
19 room?

20 MR. RICHARDS: Objection.

21 Q. So let's say -- I'll put it this
22 way: Who attends board meetings?

23 A. People interested. I mean, I
24 attend.

25 Q. So it's the board plus members of

1 the community; is that fair to say?

2 A. Everyone in there is a member of
3 the community. Yes, that would be fair to say.

4 Q. Do employees of the board attend
5 meetings?

6 A. Yes.

7 Q. Do employees of the board present
8 at meetings?

9 A. Yes.

10 Q. Are there any other government
11 officials that routinely attend meetings?

12 A. No.

13 Q. Do county executives ever attend
14 meetings?

15 A. Not when I've been there.

16 Q. Does the medical director attend
17 board meetings?

18 A. Yes.

19 Q. Who is the medical director?

20 A. Heidi Gullett.

21 Q. Why does the medical director
22 attend meetings?

23 A. I don't know.

24 Q. Does she always attend?

25 A. She has, yes.

1 Q. What kind of actions of the
2 Cuyahoga County Board of Health require board
3 approval?

4 A. I don't think I'm aware of it, to
5 the extent that you are asking. I know that
6 things where money is being transferred, that
7 has to be presented to the board.

8 Q. What happens at a typical board
9 meeting?

10 A. We go through the agenda items.

11 Q. Who sets the agenda of board
12 meetings?

13 A. It's sent to me the week before, so
14 I'm not aware of, behind the scenes, who sets
15 that.

16 Q. Do you know if it is somebody
17 employed by the board of health?

18 A. I would imagine, yes.

19 Q. Are there any activities that the
20 board of health does that do not require board
21 approval?

22 A. I think so.

23 Q. Do you know what those are?

24 A. No.

25 Q. Does the board of health have an

1 annual budget?

2 A. Yes.

3 Q. What is that annual budget?

4 A. I don't have it memorized.

5 Q. Can you give me a ballpark?

6 A. It's usually over 20 million.

7 Q. What are the sources of the board
8 of health's funding?

9 A. I know tax money from -- I'm not
10 sure if it's property tax, or how that actually
11 works -- from the communities we serve, and
12 then grant moneys come in. I'm sure there is
13 support from the Cuyahoga County as well.

14 Q. Do you know what the breakdown is
15 of the difference sources of funding the board
16 receives?

17 A. We review the budget on a monthly
18 basis, but I haven't committed it to any kind
19 of memory.

20 Q. So there is a budget document that
21 the board maintains?

22 A. Yes.

23 Q. Who maintains that document?

24 A. I don't know what the title is
25 called, but I think of her as the chief

1 financial officer.

2 Q. What is her name?

3 A. I'm having a Doug Wang moment
4 again. If you told me her name I could -- I'm
5 sorry. I'm also sorry I'm forgetting her name
6 as well, but I'm looking right at her in my
7 head. She sits to the left of me, kind of like
8 where he is.

9 MR. RICHARDS: Again let the record
10 reflect that's not me.

11 A. Judy.

12 Q. Judy?

13 A. Judy, I got Judy.

14 Q. So Judy, last name unknown?

15 A. Unremembered, yes.

16 Q. Judy, last name unremembered, what
17 is her position with the board of health?

18 A. Like I said, I think of her as a
19 chief financial officer, but I do not know her
20 position.

21 Q. You're not sure of --

22 A. But I think of her as -- she is the
23 head person in charge of things of that nature.

24 Q. Okay. Is Judy the person you would
25 ask if you wanted to see a copy of the budget?

1 A. No. I mean, I would probably ask
2 Terry, if I wanted to see it, or I would just
3 wait until the next time. When we get our
4 agenda and the minutes, the budget is in that
5 packet, so it comes monthly. It was a budget
6 or a financial update.

7 Q. So you receive a monthly financial
8 update together with your agenda for that
9 month's board meeting; is that right?

10 A. Correct.

11 Q. And if you wanted to see a copy of
12 that monthly financial update, you would ask
13 Terry Allan?

14 A. That's what I would do, yes, but he
15 would say I could ask Judy as well. I don't
16 think it's a problem.

17 Q. Is the board itself involved when
18 the board of health receives funding?

19 A. Yes.

20 Q. How is the board involved when the
21 Cuyahoga County Board of Health receives
22 funding?

23 A. We are presented with the action
24 that -- you know, we receive funds, we agree to
25 accept the funds, and they will say what the

1 amount is, and then we vote on agreeing to
2 accepting those funds.

3 Q. Who makes that presentation to the
4 board?

5 A. The president.

6 Q. And who is the president?

7 A. Debbie Moss.

8 Q. Does the board have any role in
9 determining which grant the Cuyahoga County
10 Board of Health applies for?

11 A. I would say we have a small role in
12 that.

13 Q. What is that role?

14 A. In the form of a discussion.

15 Q. Is board approval required for the
16 Cuyahoga County Board of Health to apply for a
17 grant?

18 A. I don't think so.

19 Q. But you might have a discussion
20 about which grants the board is applying for?

21 A. Might, right, correct.

22 Q. Do you have a discussion about
23 every grant the Cuyahoga County Board of Health
24 applies for?

25 A. No.

1 Q. Who decides how the board of health
2 spends its budget?

3 A. Leaders of the board of health.

4 Q. When you say, leaders of the board
5 of health, who do you consider to be the
6 leaders?

7 A. I think the -- there are different
8 departments, and the department sort of has a
9 head, and my impression is that they sort of
10 submit the moneys that they need to run their
11 departments, and then there are ongoing
12 discussions that, again, I'm not aware of --
13 it's all hearsay -- and they come up with a
14 budget.

15 Q. Does the board of the Cuyahoga
16 County Board of Health play a role in deciding
17 how the board of health spends its budget?

18 A. Minimal.

19 Q. What is that minimal role?

20 A. I think we encourage them to have a
21 balanced budget.

22 Q. Does the board have to approve
23 disbursement of funds?

24 A. I believe so, in some way, but not
25 in the -- I'm not sure I'm thinking of it the

1 same way you are. What do you mean,
2 disbursement?

3 Q. Well, when you say they are
4 involved in some way, what do you mean by that,
5 how would you explain it?

6 A. I mean, I don't understand exactly
7 the ins and outs of how they disburse money,
8 but I know that we vote on measures where it --
9 that might accept money from a granting agency,
10 and from that extent, we were accepting money,
11 and then it goes out.

12 Q. Do you vote on measures for the
13 Cuyahoga County Board of Health to spend money?

14 A. I imagine in a way, yeah. Yes.
15 Sorry.

16 Q. Do you vote on measures every time
17 that the Cuyahoga County Board of Health spends
18 money?

19 A. I would imagine no.

20 Q. But you are not sure?

21 A. I'm leaning toward -- heavily
22 toward no. But, no, I'm not sure. I am not
23 sure.

24 Q. Can you think of particular
25 instances where the board has had to approve

1 the Cuyahoga County Board of Health's spending
2 money?

3 A. My impression is if, say, the state
4 board of health had money for lead abatement,
5 that money comes in, and then we have to
6 approve the spending of that money on a
7 particular parcel of building to abate the
8 lead. And so that, I'm sure, has to be
9 approved.

10 Q. You say -- you kind of phrased that
11 in the hypothetical, that if the state gives
12 money for abatement.

13 A. Oh, I apologize. I know for a fact
14 that we approve lead abatement money to go to
15 abate specific properties within Cuyahoga
16 County.

17 Q. Do you know if there is any
18 particular amount above which board approval is
19 required for the Cuyahoga County Board of
20 Health to spend money?

21 A. Yes.

22 Q. What is that amount?

23 A. I can't say for sure.

24 Q. Can you give me a ballpark?

25 A. My brain is saying 20,000, or 25.

1 Q. So although you are not totally
2 sure, you think that for spending money under
3 about 20 to 25,000, board approval is not
4 required?

5 A. Well, it's not required. The board
6 of health as the members of the board of health
7 is not required. There is another entity that
8 is called the CRC, contract review committee, I
9 believe. They vote on the lower level amounts
10 that the board spends, and the board will
11 then -- the ones that break this threshold,
12 that I'm sorry I don't remember, then we would
13 vote on those.

14 Q. So for amounts below the threshold,
15 which is somewhere around 20 to 25,000,
16 although you are not sure --

17 A. I'm for sure not sure.

18 Q. -- the contract review committee
19 votes on spending that money, and for amounts
20 above the threshold, the board members vote on
21 spending that money?

22 A. That's my belief.

23 Q. Who is on the contract review
24 committee?

25 A. I cannot remember.

1 Q. Are there members of the board on
2 the contract review committee?

3 A. No.

4 Q. Are you a member of the contract
5 review committee?

6 A. No.

7 Q. Does the board itself have any
8 other committees or subcommittees?

9 A. I'm sure they do.

10 Q. What are some of those committees
11 or subcommittees?

12 A. They have a diversity committee. I
13 can't tell you the name of it, because it just
14 changed, but they have a committee that
15 addresses diversity within the board.

16 Q. Is that the committee that you are
17 the chair of?

18 A. No. That's another -- the
19 committee I'm chair of is made up of board
20 members.

21 Q. Okay.

22 A. So the board has another -- I
23 thought you were asking me about the committee,
24 like that the board of health, the way I think
25 of it, has, yes.

1 Q. So let's break it apart.

2 When I say the board itself, I mean
3 the board members, and when I say the Cuyahoga
4 County Board of Health, I mean the overall
5 organization.

6 A. Okay.

7 Q. Is that --

8 A. That helps.

9 Q. Do you understand that?

10 A. Yes. Okay.

11 Q. So does the board itself, meaning
12 board member, have any other committees or
13 subcommittees?

14 A. Yes.

15 Q. What are those committees?

16 A. They have a financial -- I can't
17 think of the right name, but it is a financial
18 committee. And Doug Wang is the chairman.

19 Q. And then you are the chairman of
20 the diversity committee --

21 A. Correct.

22 Q. -- is that right?

23 What other committees does the
24 board, meaning the board members, have?

25 A. I'm not sure if they have set up

1 any other committees.

2 Q. Do you belong to the finance
3 committee?

4 A. No.

5 Q. What sort of public health issues
6 does the Cuyahoga County Board of Health work
7 on?

8 A. Infant mortality, chronic disease,
9 lead abatement, teen pregnancy, and many more I
10 can't remember right now.

11 Q. Are there any of those issues that
12 you are particularly interested in?

13 A. I mean, I'm interested in all of
14 them.

15 Q. Does the Cuyahoga County Board of
16 Health run programs?

17 A. Yes.

18 Q. How many programs does the board of
19 health currently run?

20 A. A good number.

21 Q. Can you give me a ballpark?

22 A. I'd have to know a definition of a
23 program, but a lot.

24 Q. Can you give me a ballpark of the
25 number of subject matter areas that the

1 Cuyahoga County Board of Health touches on?

2 A. Probably not.

3 Q. When we are talking about programs
4 of the board of health, you say you would have
5 to know the meaning of the word program to give
6 me a ballpark.

7 Is there some kind of unit of
8 measure, in your mind, for a program or a
9 system or a committee, you know, what do you
10 think of the board of health's activities in
11 terms of?

12 MR. RICHARDS: Object to form.

13 A. The board of health does a lot, and
14 I don't want to insult them by saying the
15 number is lower than what it is.

16 Q. Sure.

17 A. And they do a lot. So with infant
18 mortality, for example, there is, you know,
19 SIDS, and then there is sleep measures, and
20 then there is giving out cribs, and then there
21 is teen pregnancy.

22 And so within just infant
23 mortality, there may be 20 subprograms that
24 address the issue of infant mortality, and
25 that's just infant mortality.

1 So it could be hundreds or it could
2 be much lower.

3 Q. Sure. So there are many issues
4 that the Cuyahoga County Board of Health
5 addresses; is that fair to say?

6 A. Correct.

7 Q. And for each issue, there might be
8 many programs that the board engages in to
9 address those issues?

10 A. Correct.

11 Q. Do you know how many programs of
12 the Cuyahoga County Board of Health relate to
13 substance abuse issues?

14 A. I do not.

15 Q. How many programs relate to
16 prescription drug use?

17 A. I don't know.

18 Q. How many programs relate to issues
19 involving opiate use?

20 A. I do not know.

21 Q. Do the board members play any role
22 in developing Cuyahoga County Board of Health's
23 public health priorities?

24 A. Yes.

25 Q. What role is that?

1 A. I think we have strategic planning,
2 sort of, sessions. We have had two in the
3 eight years that I've been there. And in
4 conjunction with the leadership of the Cuyahoga
5 County Board of Health, we prioritize measures
6 or interventions.

7 Q. You say you have had two strategic
8 planning sessions in your time on the board?

9 A. Uh-huh.

10 Q. Do you recall when those occurred?

11 A. When I first started, in 2010, and
12 probably 2015.

13 Q. Do strategic planning sessions
14 happen at board meetings?

15 A. No.

16 Q. So they are separate meetings?

17 A. Well, the strategic planning
18 meetings that I was referring to were held
19 Saturday morning and it was an all day,
20 horrible thing.

21 Q. Were those all day meetings public?

22 A. I don't know.

23 Q. Were there meetings -- or were
24 there minutes made of those strategic planning
25 sessions?

1 A. I don't know, in terms of minutes.

2 Q. At those strategic planning
3 sessions, did you see any presentations?

4 A. Yes.

5 Q. Who made presentations?

6 A. I remember this, some of the
7 leadership of the board.

8 Q. Do you remember anyone in
9 particular?

10 A. I do. I remember the HIP Cuyahoga
11 presentation before that was started. I do
12 remember that.

13 Q. What is HIP Cuyahoga?

14 A. Health Improvement Partnership
15 Cuyahoga.

16 Q. What kind of issues does HIP
17 Cuyahoga work on?

18 A. From my perspective, it was to gain
19 the perspective, really, of the members of the
20 citizens of Cuyahoga County, and in order to
21 stay in touch with what their needs and issues
22 are.

23 Q. When was HIP Cuyahoga started?

24 A. I believe we had a discussion of it
25 in our 2010, like very early discussions of the

1 formation of that.

2 Q. In the 2010 strategic planning
3 session, what are some of the issues that the
4 board decided would become priorities?

5 A. I haven't any idea.

6 Q. You don't remember?

7 A. I do not remember, yes.

8 Q. But at some point, you knew?

9 A. When I was there.

10 Q. What are some of the issues that
11 the board decided are priorities in the 2015
12 strategic planning sessions?

13 A. I'm not remembering.

14 Q. In either of those meetings, did
15 the board of health decide that any substance
16 abuse issues were strategic priorities?

17 A. I don't remember.

18 Q. In the 2015 meetings, did the board
19 decide that issues involving opiate use are a
20 priority?

21 A. I do not remember.

22 Q. In the 2010 meetings, did the board
23 decide that issues involving opiate use are a
24 priority?

25 A. I do not remember.

1 Q. As a member of the board, are there
2 any issues that you have advocated should be
3 priorities for the Cuyahoga County Board of
4 Health?

5 A. Yes.

6 Q. What are those issues?

7 A. One issue was related to customer
8 service, in the sense that I wanted the members
9 of restaurants and grocery stores and any
10 places where our inspectors went, I wanted them
11 to be able to give us feedback that the
12 encounter was civil and appropriate.

13 Q. So you advocated that inspectors
14 from the Cuyahoga County Board of Health have
15 positive interactions with grocery stores and
16 restaurants that they inspect?

17 A. Well, yes, yes. That was part of
18 it, yes. But I advocated that there be a way
19 that people who are inspected could give us
20 feedback, independent of that.

21 Q. Okay. Are there any other issues
22 that you have advocated should be priorities
23 for the Cuyahoga County Board of Health?

24 A. No.

25 Q. Is it important for the Cuyahoga

1 County Board of Health to address a broad range
2 of issues?

3 A. Very important.

4 Q. Why is that important?

5 A. Because health entails a broad
6 range of issues.

7 Q. Is it important for the Cuyahoga
8 County Board of Health to devote its attention
9 to major public health issues affecting the
10 community?

11 A. I believe so.

12 Q. Why is that important?

13 A. Because if it is a major issue,
14 then -- health issue, then we, as a board of
15 health, we should be involved.

16 Q. Is it important for the board of
17 health to devote its attention to every public
18 health issue affecting the community?

19 A. I don't think it's possible.

20 MS. JAZIEWICZ: I think now would
21 be a good moment for a five-minute break.

22 THE VIDEOGRAPHER: Off the record,
23 10:26.

24 (Recess taken.)

25 THE VIDEOGRAPHER: On the record,

1 10:44.

2 Q. Welcome back, Dr. Hall.

3 A. Thank you.

4 Q. We were talking some before the
5 break about the budget of the Cuyahoga County
6 Board of Health, and you mentioned that the
7 financial summary is included in the packet
8 that you get before board meetings; is that
9 right?

10 A. I believe so, yes.

11 Q. Does the board, meaning the members
12 of the board, approve the budget of the
13 Cuyahoga County Board of Health?

14 A. Yes.

15 Q. How often does the board approve
16 the budget?

17 A. I know we do it annually. I'm
18 thinking that we also may do amendments to the
19 budget.

20 Q. Has the board ever not approved a
21 proposed budget?

22 A. Are you saying do I know if
23 something didn't happen?

24 Q. I'm saying, can you think of an
25 instance where there was a budget proposed to

1 the board and the board voted not to approve
2 it?

3 A. Not off the top of my head.

4 Q. You mentioned that before the board
5 meetings, you receive an agenda, and you also
6 receive a financial summary; is that right?

7 A. Yes.

8 Q. Is there anything else that you
9 routinely receive before board meetings?

10 A. Yeah. The packet includes, like, a
11 financial statement, the agenda for the meeting
12 that's coming up, the minutes for the meeting
13 that just passed. That's consistent.

14 And then occasionally there is
15 other things that they would put in there, but
16 I think that's a consistent.

17 Q. What kind of other things might you
18 see in your packet?

19 A. We might see -- I don't remember
20 right now, but there is other things that, if
21 you gave me an example, I could tell you
22 whether it was in there.

23 Q. Do you get briefings on any
24 initiatives of the Cuyahoga County Board of
25 Health --

1 A. Sometimes.

2 Q. -- in your packet?

3 A. Sometimes.

4 Q. How often do you get briefings on
5 initiatives?

6 A. Not as often as you think. During
7 the meeting, we will get a verbal briefing
8 about specific measures. So when a measure,
9 say the lead poisoning abatement comes, they
10 will say -- well, someone, the director or a
11 representative over the program, would give a
12 brief description of the item.

13 That happens more so than there
14 being something added to our packet.

15 Q. Do you get briefings, in the sense
16 of updates on initiatives that the Cuyahoga
17 County Board of Health is working on?

18 A. Sometimes.

19 Q. And what form do those updates
20 take?

21 A. Usually they are verbal, or there
22 may be a PowerPoint presentation during the
23 commissioner's report.

24 Q. Does the commissioner give a report
25 during every board meeting?

1 A. Most every.

2 Q. Does the commissioner report on the
3 full range of activities that the Cuyahoga
4 County Board of Health does?

5 A. No.

6 Q. Does the commissioner report on
7 some subset of the activities that the board of
8 health does?

9 A. Yes.

10 Q. Do you know how that subset is
11 determined?

12 A. Sometimes when we are voting on
13 items, we will ask a number of questions, and
14 usually Terry will say, Well, we'll put
15 together a formal update, and then we will give
16 you that in a near commissioner's report.

17 Q. So sometimes board members will
18 request topics for an update in the next
19 commissioner report; is that fair to say?

20 A. Well, it's fair to say that when we
21 ask a critical mass of questions, Terry will
22 say, "Let's put together a full report."

23 Q. Who determines what is -- what
24 topics are covered in every commissioner
25 report?

1 A. The commissioner.

2 Q. So Mr. Allan determines what topics
3 to cover, and he might take into account what
4 issues the board has expressed interest in; is
5 that fair to say?

6 A. I believe so.

7 Q. On average, how many initiatives
8 might you hear about in the commissioner's
9 report, in a typical board meeting?

10 A. I would say about three or four.

11 Q. Do you remember what the
12 initiatives you heard about in the last board
13 meeting were?

14 A. I'm really telling on myself. Not
15 off the top of my head.

16 I probably could come up before
17 this is over, because I'll continue to think
18 about it, but not off the top of my head.

19 Q. How about in the past year or so,
20 what are some of the initiatives that you have
21 heard about in the commissioner's report?

22 A. I mean, they are in the agenda. I
23 mean, so I could, if you prompted me, I might
24 be able to -- I'm sort of in the moment.

25 Q. In the past year or so, have you

1 heard about initiatives around infant
2 mortality?

3 A. I would say yes, but I can't think
4 of specifically what was presented, but, yes.

5 Q. In the past year or so, have you
6 heard about initiatives around lead poisoning?

7 A. I don't know if I heard a
8 presentation regarding lead poisoning. We have
9 talked about it when the things get approved,
10 but I don't think I've heard a presentation
11 during the commissioner's report regarding lead
12 poisoning.

13 Q. The past year or so, have you heard
14 anything during the commissioner's report about
15 initiatives relating to substance abuse?

16 A. I don't remember that.

17 Q. How about in the past three years
18 or so, have you heard anything in the
19 commissioner's report about initiatives
20 relating to substance abuse?

21 A. I would imagine, yes.

22 Q. Do you remember any particular
23 initiatives that you heard about relating to
24 substance abuse?

25 A. I feel like it was related to

1 naloxone.

2 Q. What is naloxone?

3 A. It's a medication given to reverse
4 opioid overdose.

5 Q. Since you became a board member in
6 2010, aside from hearing about naloxone, have
7 you heard presentations in the commissioner's
8 report about any initiatives relating to
9 substance abuse issues?

10 A. I believe so.

11 Q. What were those initiatives?

12 A. I can't say specifically. I
13 mean -- I can't say specifically.

14 Q. And since 2010, how often would you
15 say you have heard about initiatives relating
16 to substance abuse?

17 A. During the commissioner's report?

18 Q. Sure. Yes.

19 A. Maybe three.

20 Q. So that's three times since 2010?

21 A. Maybe.

22 Q. Maybe three times.

23 Do you remember, other than the
24 naloxone, what the other two times may have
25 been, two-ish times?

1 A. Related to opioid abuse.

2 Q. Have you ever heard a presentation
3 during the commissioner's report about
4 substance abuse issues other than opioid abuse?

5 A. Substance abuse other than opioid
6 abuse? Not that I remember.

7 Q. When the Cuyahoga County Board of
8 Health, as an organization, is deciding on
9 initiatives to focus on, who makes the
10 determination what initiatives they should
11 focus on?

12 A. I don't know. The leadership team.

13 Q. Who is the leadership team?

14 A. I would say Terry Allan and the
15 directors.

16 Q. Meaning the directors of
17 departments within the board of health?

18 A. Correct.

19 Q. Do the board members play a role in
20 determining what initiatives the Cuyahoga
21 County Board of Health should focus on?

22 A. In terms of the moneys we approve,
23 I guess we do.

24 Q. Do you, as a board member, defer to
25 the staff, meaning the employees of the

1 Cuyahoga County Board of Health, to determine
2 the priorities of the board?

3 A. I do. I can't speak on behalf of
4 the board.

5 Q. We talked earlier this morning
6 about some of the sources of funding for the
7 Cuyahoga County Board of Health, and you
8 mentioned local tax revenue; is that right?

9 A. I'm fuzzy on that, in terms of tax,
10 but I feel like it's related to property tax,
11 but I'm not exactly sure.

12 Q. So you think the board receives
13 some kind of local government revenue, but you
14 are not sure exactly what?

15 A. Exactly how, yeah.

16 Q. Do you know what percentage of the
17 board's budget comes from local government
18 revenue?

19 A. No.

20 Q. Is it less than 50 percent?

21 A. I don't know. I think it's -- I
22 don't know. I don't know. I mean, I should
23 know maybe, but I don't know.

24 Q. So you just don't know at all what
25 percentage of funds comes from --

1 A. Well, it's -- I sort of don't -- I
2 don't know --

3 Q. Okay.

4 A. -- how else to say it. It's out
5 there, you could find out, and I could agree
6 with you, but off the top of my head, I don't
7 know.

8 Q. Okay. Does the Cuyahoga County
9 Board of Health play a role in informing
10 members of the public of public health issues
11 affecting the community?

12 A. The organization?

13 Q. Yes.

14 A. Play a role informing the
15 community?

16 Q. About public health issues.

17 A. Yes.

18 Q. And how does the Cuyahoga County
19 Board of Health play a role in informing
20 members of the community about public health
21 issues?

22 A. A variety of ways.

23 Q. What are some of those ways?

24 A. The website, community initiatives,
25 networking through other organizations.

1 Q. Is the Cuyahoga County Board of
2 Health subject to public records requests?

3 A. I would imagine, yes.

4 Q. When you say, I would imagine, do
5 you know for sure?

6 MR. RICHARDS: Objection.

7 A. I'm not sure of anything. I'm
8 pretty sure I'm here right now.

9 I have heard discussions related to
10 that, but I don't know the ins and outs of it.

11 Q. Okay. Does the Cuyahoga County
12 Board of Health have annual reports?

13 A. Yes.

14 Q. Who writes the annual reports?

15 A. I don't know.

16 Q. Who selects topics for inclusion in
17 the annual reports?

18 A. I don't know.

19 Q. What role does the board itself,
20 meaning the board members, play in putting
21 together annual reports?

22 A. Minimal.

23 Q. When you say minimal, what is the
24 scope of the board member's role?

25 A. I have not been asked for input,

1 but I don't know. I can't speak on behalf of
2 the other board members.

3 Q. Does the board, meaning the board
4 members, have to approve annual reports of the
5 Cuyahoga County Board of Health?

6 A. I don't believe so.

7 Q. Do board members get the
8 opportunity to review annual reports before
9 they are published?

10 A. I don't know.

11 Q. Do you personally review those
12 reports before they are published?

13 A. I don't know. We get a report at a
14 meeting. I don't know whether it's been -- you
15 know, obviously it has been published, because
16 it's printed, but I don't know if it's within
17 the public domain. You know, I really don't
18 know the process of that.

19 So we might be approving it. We
20 don't vote to approve it. We see it
21 before -- before or at the same time as
22 everyone else.

23 Q. So you see annual reports
24 regularly, but you're not sure if you see them
25 before or after they are published?

1 A. Correct.

2 Q. Do you typically read the annual
3 reports that you see?

4 A. I typically do not read it, no.

5 Q. Why do you not read it?

6 A. Time.

7 Q. Is it important for the information
8 contained in annual reports to be accurate and
9 current?

10 A. For the people that are reading it,
11 yes.

12 Q. Why is that important?

13 A. Because it is coming from an
14 authority.

15 Q. Is it important for the annual
16 reports to cover the full range of public
17 health issues affecting Cuyahoga County?

18 A. I don't put the report together, so
19 I'm not sure what the priorities are, so it
20 doesn't cover the full range, so it must not be
21 important.

22 Q. Do the annual reports generally
23 address the most important public health issues
24 affecting Cuyahoga County?

25 MR. RICHARDS: I'm objecting. He

1 has already testified he doesn't normally
2 review the full reports. You can answer.

3 Q. You can answer.

4 A. What's the question again?

5 Q. Whether the annual reports
6 generally cover the most important public
7 health issues affecting Cuyahoga County?

8 A. Right. Well, that's why I pause.
9 I mean, there is much discussion on what's the
10 most important health issue addressing, you
11 know, Cuyahoga County, so...

12 Q. When you say there is much
13 discussion about what is the most important
14 public health issue affecting Cuyahoga County,
15 is there discussion about that in your board
16 meetings?

17 A. No.

18 Q. What discussion are you referring
19 to?

20 A. The discussion in my head. So I
21 might say it's obesity, someone else might say
22 it's heart disease, and we would both have a
23 good argument, and we could both not agree that
24 either is the most important issue facing
25 Cuyahoga County.

1 Q. To you personally, what is the most
2 important health issue facing Cuyahoga County?

3 A. I would probably say diabetes and
4 obesity. They go hand in hand.

5 Q. And why, in your view, is diabetes
6 and obesity the most important health issue
7 affecting Cuyahoga County?

8 A. That's what I see in my patients.

9 Q. What would you say are the top
10 three most important public health issues
11 affecting Cuyahoga County?

12 A. To me? Because that's -- I
13 think --

14 Q. Yeah.

15 A. -- again, I can't speak on behalf
16 of Cuyahoga County, and so the things that I
17 see in my patients and my practice is diabetes,
18 hypertension, heart disease.

19 - - - - -

20 (Thereupon, Deposition Exhibit 1, A
21 Document From The Cuyahoga County
22 Board of Health, Entitled The Road
23 to Public Health, Annual Report
24 2017, was marked for purposes of
25 identification.)

1 - - - - -

2 Q. I'm showing you what has been
3 marked as Hall Exhibit 1, and this is printed
4 from the Cuyahoga County Board of Health's
5 website. So this is publicly available and not
6 Bates stamped.

7 Do you recognize this document?

8 A. I do not recognize the cover, no.

9 Q. Can you see by looking at it what
10 this document is?

11 A. Yes.

12 Q. What is it?

13 A. It says The Road to Public Health
14 Annual Report 2017.

15 Q. Is this the 2017 annual report of
16 the Cuyahoga County Board of Health?

17 A. I have no idea.

18 Q. You see it says Cuyahoga County
19 Board of Health at the top; is that right?

20 A. Yes. You're asking me to validate
21 that this is actually that, and I have never
22 seen this before.

23 Q. You have never seen this before?

24 A. I've never seen the cover. I
25 haven't opened it, but I've never seen the

1 cover.

2 Q. Take a moment to look through the
3 full document and let me know when you have had
4 adequate opportunity to look it over.

5 A. Okay.

6 Q. Is this the 2017 annual report of
7 the Cuyahoga County Board of Health?

8 A. It looks to be.

9 Q. Do you know if this is the most
10 recent report, annual report of the Cuyahoga
11 County Board of Health?

12 A. I don't know.

13 Q. You don't know?

14 A. I mean, I'm imagining it
15 encompasses this whole year, but I have never
16 seen this. It is very nice.

17 Q. If you turn to page 3 of this
18 report, please. Do you see that this page is
19 titled Message From the Board?

20 A. Uh-huh.

21 Q. And there is a photograph of the
22 board there, and you are one of the members
23 that is pictured; is that right?

24 A. That's correct.

25 Q. Have you seen this message from the

1 board before?

2 A. No.

3 Q. Does every annual report include a
4 message from the board?

5 A. I don't know.

6 Q. Do the board members play any role
7 in writing the message from the board?

8 A. I can't say.

9 Q. Have you ever played a role in
10 writing the message from the board?

11 A. No.

12 Q. Do you know who writes the message
13 from the board?

14 A. No.

15 Q. Have you ever played a role in
16 approving the message from the board?

17 A. No.

18 Q. If you turn to page 1 of this
19 document, you see a table of contents?

20 A. Uh-huh.

21 Q. And this includes some issues or
22 initiatives that are addressed by the Cuyahoga
23 County Board of Health; is that right?

24 A. That's correct.

25 Q. So those include safe routes to

1 school, farm to school, Simon's Supermarket,
2 Arco Recycling, GIS mapping, communicable
3 disease, travel clinic, and financial
4 reporting --

5 A. That's correct.

6 Q. -- is that right?

7 A. Uh-huh.

8 Q. Who determines what issues or
9 initiatives are addressed in this annual
10 report?

11 A. I don't know.

12 Q. Based on this table of contents and
13 your brief review of the document now, which I
14 understand you have not seen before, is there
15 anything in this annual report related to
16 substance abuse issues?

17 A. Not that I see.

18 Q. Is there anything in this annual
19 report related to opioid abuse issues?

20 A. Not that I saw.

21 Q. Is there anything in this annual
22 report related to opioids at all?

23 A. No.

24 Q. Who determined that opioids should
25 not be mentioned in this annual report?

1 A. The person that put it together.

2 Q. And you don't know who that is,
3 right?

4 A. I do not.

5 Q. Are you familiar with the terms
6 opioid and opiate?

7 A. I've heard them both, yes.

8 Q. In your mind, is there a
9 distinction between opioid and opiates?

10 A. Maybe singular and plural or
11 something like that?

12 Q. I realize I did say one singular
13 and one plural. How about between opioid
14 singular and opiate singular?

15 A. If there is a distinction, I'm not
16 aware.

17 Q. In your experience, can those terms
18 be used interchangeably?

19 A. Generally people will either use
20 one or the other.

21 Q. Which term do you use?

22 A. Opioid.

23 Q. When you say opioid, what do you
24 mean; how do you define that term?

25 A. It depends on the context.

1 Q. How about in a public health
2 context, how do you define the term opioid?

3 A. In a public health context, I'm not
4 sure I do that.

5 Q. Okay.

6 A. Maybe in talking to my patients;
7 how about that? I refer to it as a group of
8 medications that treat pain.

9 Q. So opioids are a group of
10 medications that treat pain.

11 Is OxyContin an opioid?

12 A. I think of it as one.

13 Q. Is heroin an opioid?

14 A. I think of it as one. Not a
15 medication used to treat pain, but I do
16 think -- there is a dent in my armor already,
17 but, yeah, I do think of heroin as an opioid.

18 Q. How about fentanyl?

19 A. I think of that as an opioid.

20 Q. How about carfentanil?

21 A. I'm going to assume that
22 carfentanil is related to fentanyl, but I can't
23 say for sure.

24 Q. So you are not actually familiar
25 with carfentanil?

1 A. Not in that form, no.

2 Q. When you say, not in that form,
3 what do you mean?

4 A. There may be a commercial name that
5 I'm familiar with that might represent
6 carfentanil. I'm just not aware of it as
7 carfentanil.

8 Q. You don't know for sure if there is
9 a commercial name for carfentanil?

10 A. No, no.

11 Q. So when you use the word opioid,
12 that might include prescription medications,
13 right?

14 A. Correct.

15 Q. And it also might include illicit
16 drugs that have a chemical connection with
17 opium; fair to say?

18 A. Yes.

19 Q. Have you done any professional work
20 related to opioids?

21 A. Have I ever been paid for doing
22 anything related to opioids?

23 Q. Is there a distinction that you are
24 drawing between work that you are paid for and
25 work that you are not paid for?

1 A. What I was wondering was the
2 professional part.

3 Q. Have you done any professional work
4 related to opioids?

5 A. Right. I have not been paid to do
6 any work related to opioids, no.

7 Q. Do you, in your employment at
8 Cleveland State University, do you teach
9 students?

10 A. Yes.

11 Q. Do you teach any coursework related
12 to substance abuse?

13 A. No.

14 Q. Do you teach any coursework related
15 to prescription drug abuse?

16 A. No.

17 Q. Do you teach any coursework related
18 to opioids?

19 A. No.

20 Q. Have you ever taught any coursework
21 related to opioids?

22 A. When you say coursework, no.

23 Q. Have you ever taught in any other
24 setting about opioids?

25 A. I gave a presentation to the Ohio

1 Commission on Minority Health, as part of my
2 chairman's report, on opioids.

3 Q. When was that?

4 A. Maybe a year and a half, two years
5 ago.

6 Q. What was that presentation about?

7 A. Overdose deaths and opioid abuse.

8 Q. Was it about overdose deaths and
9 opioid abuse in any particular community?

10 A. Yes.

11 Q. What community?

12 A. The discussion really just dealt
13 with the disproportionately low impact of
14 opioid abuse in African American communities.

15 Q. Is that the African American
16 community in Ohio?

17 A. Yes.

18 Q. Have you done any professional
19 writing about substance abuse issues?

20 A. Using my definition of
21 professional, no.

22 Q. What is your definition of
23 professional?

24 A. Getting paid to do it. I wrote an
25 article on my website about it for my patients,

1 but I wasn't paid for it.

2 Q. So you say you wrote an article on
3 your website for your patients about substance
4 abuse issues?

5 A. Correct.

6 Q. What is that article about,
7 specifically?

8 A. Substance abuse and the dangers of
9 pain medication.

10 Q. Have you done any other writing
11 about substance abuse?

12 A. Yes.

13 Q. What other writing have you done
14 about substance abuse?

15 A. I wrote an article after Prince
16 died about substance abuse in pop stars.

17 Q. Where was that article published?

18 A. CNN Online and The Conversation,
19 and actually 28 other places republished it,
20 but mainly The Conversation and then CNN.

21 Q. Were you asked by somebody to write
22 that article?

23 A. No.

24 Q. Did you write it as a freelancer;
25 is that fair to say?

1 A. Not really. Prince died, he didn't
2 drink, he didn't use drugs, and he died from an
3 accidental overdose, and I was a Prince fan.
4 So, you know, I felt like I needed to write
5 about it.

6 Q. And what did you write about,
7 specifically, relating to Prince's death?

8 A. Well, I actually looked at the top
9 50 artists of all time, and I wondered why it
10 seems like pop stars died young, and so I
11 looked at their cause of death. It was over
12 Christmas break, I was bored. And I just, sort
13 of, categorized what they died from and to see
14 if there was any kind of a disparity in it.

15 And when it was written, I really
16 couldn't get anyone to publish it for months,
17 until The Conversation published it.

18 Q. What did you find about whether
19 there is any disparity that --

20 A. That, yeah, pop stars do die young,
21 yes.

22 Q. Did you establish any type of
23 causal -- causality to why pop stars die young?

24 A. Increased drug use, and alcohol and
25 drug. I think of alcohol as a drug as well.

1 Q. Other than the article on your
2 website about the dangers of substance abuse
3 and pain medication and this article after
4 Prince died, have you done any
5 professional -- strike the word professional --
6 have you done any writing about substance
7 abuse?

8 A. No.

9 Q. Have you done any other writing
10 about opioids?

11 A. None that I can remember, no.

12 Q. Would you say that Cuyahoga County
13 currently has a public health problem related
14 to opioid use?

15 A. Yes.

16 Q. When did you first become aware of
17 that problem?

18 A. On a widespread, sort of, county
19 health, I would imagine it was during a
20 presentation to the board of health.

21 I knew specifically in my practice
22 that my patients were having a problem, but I
23 didn't know if it was just my patients or
24 whether it was Cuyahoga County wide. So I
25 imagine the county-wide information would have

1 come from the board of health.

2 Q. Let's break it down. In your
3 practice, from your patients, when did you
4 first become aware there was a problem with
5 opioid use amongst your patients?

6 A. It gradually developed, but it's
7 been some years. Probably eight, ten.

8 Q. Has it been more than, say, about
9 eight or ten? Let's say 2010 was eight years
10 ago. Do you know if it was before or after
11 2010?

12 A. I'm bad with years, when it comes
13 to that.

14 Q. Okay.

15 A. So I can't say specifically when it
16 became, but it's been a problem for a while,
17 more than five years for sure.

18 Q. Okay. And approximately when did
19 you become aware of the problem relating to
20 opioid use in the county broadly?

21 A. Probably during one of the
22 presentations related to opioid abuse.

23 Q. Can you remember the first
24 presentation that you saw related to opioid
25 abuse?

1 A. No. I'm sorry.

2 Q. Is there an epidemic related to
3 opioid abuse in Cuyahoga County?

4 A. I'm not sure I know the definition
5 of an epidemic.

6 Q. Would you use the term epidemic to
7 describe the public health problem around
8 opioid use in Cuyahoga County?

9 A. I try not to use words I don't know
10 the meaning of.

11 Q. Have you personally ever done any
12 research into the causes of the opioid problem
13 in Cuyahoga County?

14 A. No.

15 Q. Has the board of health ever done
16 any research into the causes of the opioid
17 problem in Cuyahoga County?

18 A. I can't say.

19 Q. Have you personally ever done any
20 research into the causes of overdose deaths in
21 Cuyahoga County?

22 A. Putting together the letter -- the
23 letter -- the article on my website, I would
24 have looked at some information related to
25 that, when I put that together.

1 Q. Aside from putting together the
2 article on your website, have you personally
3 ever done any research into the causes of
4 overdose deaths in Cuyahoga County?

5 A. No.

6 Q. Has the board of health ever done
7 any research into the causes of overdose deaths
8 in Cuyahoga County?

9 A. I know they tracked it, so if
10 tracking it counts as research, then they track
11 it, for sure.

12 Q. When you say they track it, what do
13 you mean by that?

14 A. That we follow the number of opioid
15 deaths.

16 Q. When you say we follow the number
17 of opioid deaths, do you mean we, the board
18 members?

19 A. No, I'm sorry. I mean the Cuyahoga
20 County Board of Health.

21 Q. So the Cuyahoga County Board of
22 Health, as an organization?

23 A. Well, someone within the board of
24 health.

25 Q. Somebody within the board of health

1 tracks overdose deaths?

2 A. I believe so.

3 Q. Do you, as a board member, receive
4 information about overdose deaths in Cuyahoga
5 County?

6 A. I believe we have.

7 Q. Who do you receive that information
8 from?

9 A. I can't say.

10 Q. How often do you receive that
11 information?

12 A. I can't say that either.

13 Q. Do you remember the last time that
14 you, in your capacity as a board member of the
15 Cuyahoga County Board of Health, received
16 information about overdose deaths in Cuyahoga
17 County?

18 A. I believe the information I
19 received at a presentation related to the
20 board, and then that prompted me to give the
21 presentation to the commission on minority
22 health. So they were in close approximation,
23 but I can't say when that was.

24 Q. You said the presentation was about
25 one and a half to two years ago?

1 A. Uh-huh.

2 Q. And you said the information you
3 saw in that presentation about overdose deaths
4 prompted you to give the presentation to the
5 Ohio Commission on Minority Health?

6 A. I believe it did.

7 Q. How did it prompt you to give that
8 presentation to the Ohio Commission on Minority
9 Health?

10 A. I was surprised, again, of the
11 demographics of that. They didn't follow the
12 normal demographics that I'm used to seeing.

13 Q. How were you surprised by the
14 demographics?

15 A. The increased suburban use, and the
16 disproportionately lower African American and
17 Latino, and proportionately higher White.

18 Q. The disproportionately lower impact
19 that you are identifying on African Americans
20 and Latinos and disproportionately higher
21 impact on Whites, is that impact limited to a
22 particular cause of overdose death?

23 MR. RICHARDS: I'm going to object
24 to form.

25 A. Say that differently.

1 Q. Yeah, let me try it a different
2 way.

3 So you said that you saw a
4 presentation about overdose deaths in Cuyahoga
5 County.

6 A. The part I've taken away, I was
7 moved by that aspect, of whatever the
8 presentation is, I don't remember specifically.

9 Q. Was that presentation limited to
10 overdose on particular drugs?

11 A. I don't know.

12 Q. Was it limited to opioids?

13 A. It was limited to opioids, yes.

14 Q. Do you know if the data that you
15 saw in that presentation included overdoses
16 relate to prescription opioids?

17 A. I believe it was opioids in
18 general.

19 Q. So that data would include
20 information relate to heroin; is that right?

21 A. Correct.

22 Q. Could it also include information
23 related to overdose deaths relating to
24 fentanyl?

25 A. Correct.

1 Q. So when you talk about a
2 disproportionately low impact on African
3 American and Latino communities and a
4 disproportionately high impact on Whites, that
5 impact you were talking is the impact of
6 opioids generally?

7 A. Correct.

8 Q. So that includes illicit opiates,
9 such as heroin?

10 A. Yes.

11 Q. And when you say disproportionately
12 low and high impact, relative to what?

13 A. Relative to expected, based on the
14 population.

15 Q. And is it a disproportionately low
16 impact on African American communities, for
17 instance, relative to other substance abuse
18 issues?

19 A. Just relative to expected. So if
20 you have -- African Americans is 13 percent of
21 the population, then you would expect that
22 percentage, all things being equal, heart
23 disease, cancer. When it is not following
24 that, that's a disparity, and the commission of
25 minority health dealt with disparity.

1 Q. Got it. In your presentation to
2 the Ohio Commission on Minority Health, did you
3 identify any causes for this disproportionate
4 impact you are identifying?

5 A. Well, I didn't identify them. We
6 just discussed it. It was more of a
7 discussion.

8 Q. What are some of the potential
9 causes that you discussed?

10 A. There was a discussion of
11 prescribing pain medicine.

12 Q. What specifically about prescribing
13 pain medicine?

14 A. Having a low threshold to prescribe
15 pain medicine.

16 Q. When you say having a low threshold
17 to prescribe pain medicine, you are talking
18 about doctors prescribing pain medicine, based
19 on a low threshold of what is needed; is that
20 fair to say? How would you put it?

21 A. And dentists, doctors and dentists.

22 Q. Doctors and dentists prescribing
23 pain medication based on a low threshold of
24 pain, of medical need; how would you put it?

25 A. Low threshold to treat pain.

1 Q. Are you familiar with the Cuyahoga
2 County Opiate Task Force?

3 A. Somewhat.

4 Q. What is the Cuyahoga County Opiate
5 Task Force?

6 A. Well, it's a program to address
7 opioid abuse and overdose.

8 Q. Is that program affiliated in any
9 way with the Cuyahoga County Board of Health?

10 A. I believe it is, yes.

11 Q. When did you first become aware of
12 the Cuyahoga County Opiate Task Force?

13 A. I would say years ago.

14 Q. How many years ago?

15 A. I would say more than five.

16 Q. Do you know when the Cuyahoga
17 County Opiate Task Force first started?

18 A. No.

19 Q. Are you a member of the Cuyahoga
20 County Opiate Task Force?

21 A. No.

22 Q. Have you ever attended any meetings
23 of the Cuyahoga County Opiate Task Force?

24 A. No.

25 Q. Why not?

1 A. I don't think I was invited.

2 Q. Do you know how often the Cuyahoga
3 County Opiate Task Force has meetings?

4 A. No.

5 Q. Do you know if the task force
6 meetings are public?

7 A. I don't know.

8 Q. Do you know if the Cuyahoga County
9 Opiate Task Force has an email listserv?

10 A. No.

11 Q. Do you receive any emails related
12 to the Cuyahoga County Opiate Task Force?

13 A. I can't say.

14 Q. Does the Cuyahoga County Board of
15 Health provide funding to the Cuyahoga County
16 Opiate Task Force?

17 A. I believe so.

18 Q. Is the board, meaning the board
19 members, involved in approving funding to the
20 Cuyahoga County Opiate Task Force?

21 A. I believe so.

22 Q. Can you remember a specific
23 instance when the Cuyahoga County Board of
24 Health approved funding for the Cuyahoga County
25 Opiate Task Force?

1 A. No.

2 Q. What are the sources from which the
3 Cuyahoga County Board of Health provides
4 funding to the Cuyahoga County Opiate Task
5 Force?

6 A. I don't know specifically.

7 Q. What does the Cuyahoga County
8 Opiate Task Force do?

9 A. I don't know that specifically
10 either.

11 Q. What programs does the Cuyahoga
12 County Opiate Task Force support?

13 A. I can't list those either.

14 Q. Does the Cuyahoga County Opiate
15 Task Force issue annual reports?

16 A. I don't know.

17 Q. Have you ever seen a report issued
18 by the Cuyahoga County Opiate Task Force?

19 A. I believe I have.

20 Q. In what context did you see that
21 report?

22 A. I don't remember.

23 Q. Was it in a board meeting?

24 A. It would have been in a board
25 meeting, yes.

1 Q. And do you remember what kind of
2 report it was?

3 A. I feel like it was printed.

4 Q. Was it an annual report?

5 A. I can't say.

6 Q. Did you read the report that you
7 saw in the board meeting?

8 A. I perused it, like I did this one
9 here.

10 Q. Have you ever read an annual report
11 issued by the Cuyahoga County Opiate Task
12 Force?

13 A. Not cover to cover.

14 Q. On how many occasions have you seen
15 reports issued by the task force?

16 A. I remember one for sure.

17 Q. Do you remember when that was?

18 A. I do not.

19 Q. Does the Cuyahoga County Opiate
20 Task Force spend money?

21 A. I believe so.

22 Q. Where does it get the money it
23 spends?

24 A. I'm imagining they get it through
25 the Cuyahoga County Board of Health.

1 Q. Do you know if they get it from any
2 particular fund within the Cuyahoga County
3 Board of Health?

4 A. Yes, they do get it from some
5 particular funds, but I don't know what they
6 are. I believe they come from the state.

7 Q. So you believe the Cuyahoga County
8 Opiate Task Force receives funding from the
9 State of Ohio through the board?

10 A. I believe it comes from -- I
11 believe it comes from the state, but I can't
12 say for sure.

13 Q. Does the Cuyahoga County Opiate
14 Task Force receive funding from any local
15 agencies through the board?

16 A. I don't know.

17 Q. Does the Cuyahoga County Opiate
18 Task Force receive funding from any private
19 sources through the board?

20 A. I don't know.

21 Q. Have you met with any members of
22 the task force about the work of the task
23 force?

24 A. Individually? No.

25 Q. Sure.

1 How about not individually?

2 A. Well, they presented at a board
3 meeting.

4 Q. Who presented at that board
5 meeting?

6 A. Usually Vince Caraffi.

7 Q. How many times has Vince Caraffi
8 presented at a board meeting about the work of
9 the task force?

10 A. He has spoken to the board about it
11 multiple times. Formal presentations, I know
12 once, but I can't say more than that.

13 Q. So spoken to the board multiple
14 times. Since you started on the board in 2010,
15 ballpark, how many times has Vince Caraffi
16 spoken to the board about the task force?

17 A. Maybe ten.

18 Q. Who is Vince Caraffi?

19 A. An employee of the Cuyahoga County
20 Board of Health.

21 Q. Other than Vince Caraffi, has
22 anyone else ever spoken to the board about the
23 work of the Cuyahoga County Opiate Task Force?

24 A. Someone else has, but I don't know
25 their name.

1 Q. Do you remember if that person was
2 affiliated -- do you remember if that person
3 was an employee of the Cuyahoga County Board of
4 Health?

5 A. They were an employee, yes.

6 Q. Are you familiar with someone named
7 April Vince?

8 A. I can't say for sure.

9 Q. Are you familiar with someone named
10 Allisyn Leppla?

11 A. No.

12 Q. Who leads the Cuyahoga County
13 Opiate Task Force?

14 A. I don't know.

15 Q. Aside from hearing from Vince
16 Caraffi at board meetings about the work of the
17 Cuyahoga County Opiate Task Force, have you
18 ever spoken with Vince Caraffi?

19 A. I'm sure I've spoken with him to
20 say hi.

21 Q. Have you ever spoken with Vince
22 Caraffi about the work of the task force?

23 A. I can't remember. I don't believe
24 so.

25 Q. You said that Vince Caraffi has

1 spoken to the board maybe ten times since 2010
2 about the Opiate Task Force. Did those times
3 happen at any regular intervals?

4 A. It occurred when there was an issue
5 that we were voting on, in terms of exchange or
6 accepting money. So it would have had to have
7 been related to a board action related to
8 opioids.

9 Q. So you would hear about the task
10 force in relation to board approval for receipt
11 or spending of funds?

12 A. A board agenda item.

13 Q. Aside from supporting the Cuyahoga
14 County -- sorry. Let me back up.

15 Does the Cuyahoga County Board of
16 Health provide support for the Cuyahoga County
17 Opiate Task Force?

18 A. I believe so.

19 Q. What kind of support does the board
20 of health provide for the task force?

21 A. Well, financial, I believe it's
22 financial support. I mean, we are either
23 accepting or transferring moneys through.

24 Q. Does the board of health provide
25 staff to support the work of the task force?

1 A. I don't know. I mean, there is
2 certainly staff. They are employees of the
3 board of health, so...

4 Q. So there are employees of the board
5 of health that are involved in the task force?

6 A. I don't know the definition of a
7 task force, but from my perspective, yes.

8 Q. Aside from supporting the Cuyahoga
9 County Opiate Task Force, does the Cuyahoga
10 County Board of Health do any programmatic work
11 related to opioids?

12 A. I believe so. I don't know what is
13 aside from the task force or what is inside or
14 outside the task force, so I can't say.

15 Q. Okay. So setting aside the
16 distinctions of what is inside and outside the
17 task force, what does the Cuyahoga County Board
18 of Health do, in terms of programmatic work
19 relate to opioids?

20 A. Well, I know there was a Project
21 DAWN, there was a project related to medication
22 disposals and setting up places where you can
23 dispose of extra medication that might be
24 around the house, and, you know, the ins and
25 outs of the task force.

1 Q. When you say ins and outs of the
2 task force, what are you including in that?

3 A. That's my way of saying I don't
4 know.

5 Q. Sure. So you know generally that
6 there is a task force?

7 A. Correct.

8 Q. You know that the Cuyahoga County
9 Board of Health does some work related to
10 Project DAWN, and you know the Cuyahoga County
11 Board of Health has done some work related to
12 medication disposal; is that right?

13 A. Right.

14 Q. Are there any other programs that
15 you are aware of, or is there anything else
16 that you are aware of that the Cuyahoga County
17 Board of Health does to address the problem of
18 opioids?

19 A. I know they are a model for the
20 state. So I know that they support other parts
21 of the state, doing similar things.

22 Q. When you say you know they are a
23 model for the state, what does that mean?

24 A. That other boards of health or
25 other organizations have asked that we share

1 the things that we do related to opioid abuse
2 with them.

3 Q. You mentioned Project DAWN. What
4 is Project DAWN?

5 A. To me, I believe it is related to
6 naloxone distribution.

7 Q. And how is the Cuyahoga County
8 Board of Health involved with Project DAWN?

9 A. I don't know.

10 Q. Does the Cuyahoga County Board of
11 Health distribute naloxone?

12 A. I don't know.

13 Q. How is the Cuyahoga County Board of
14 Health's work relate to Project DAWN funded?

15 A. I don't know specifically.

16 Q. Who would know?

17 A. The director who is over Project
18 DAWN.

19 Q. Who would know what specific
20 sources of funding the Opiate Task Force
21 receives from the board?

22 A. The person over the Opiate Task
23 Force.

24 Q. How is the Cuyahoga County Board of
25 Health's work related to medication disposal

1 funded?

2 A. I do not know.

3 Q. Who would know that?

4 A. I don't know.

5 - - - - -

6 (Thereupon, Deposition Exhibit 2,
7 Cuyahoga County Board of Health
8 Minutes of the Meeting, March 28,
9 2018, was marked for purposes of
10 identification.)

11 - - - - -

12 Q. I'm showing you what has been mark
13 as Hall Exhibit 2. Do you recognize this
14 document?

15 A. Yes.

16 MR. CIACCIO: Just for clarity, is
17 this a produced document, or is this a document
18 that you got from somewhere?

19 Q. I'm sorry. This is from the
20 Cuyahoga Board of Health website, so it is
21 publicly available and not Bates stamped.

22 What is this document?

23 A. It looks like the minutes to the
24 March 28, 2018 meeting.

25 Q. Have you seen these meeting minutes

1 before?

2 A. Probably.

3 Q. If you look at the front page of
4 this document, about halfway down the page,
5 there is a motion for elections of office of
6 the board, president and president pro tem; do
7 you see that?

8 A. I do.

9 Q. It says a motion was made by Dr.
10 Hall, second by Mr. Wang to nominate Ms. Debbie
11 Moss as president of the board; do you see
12 that?

13 A. I do.

14 Q. So on the March 28, 2018 meeting,
15 the board voted for Debbie Moss to become
16 president of the board?

17 A. Correct.

18 Q. It then says below this, "It was
19 then moved by Mr. Gatt, seconded by Dr.
20 Williams, to nominate Dr. Gregory Hall as
21 president pro tem," and there was a vote; do
22 you see that?

23 A. I do see it.

24 Q. Do you remember being voted in as
25 president pro tem at the March 28 meeting of

1 the board of health?

2 A. Not specifically, but yes.

3 Q. If you could turn to the second
4 page of this document, so it is inside, like,
5 the inside cover, there is a heading here for
6 Regular Actions of the Board, and there are a
7 number of resolutions listed here; do you see
8 that?

9 A. I do.

10 Q. If you look again about halfway
11 down the page, it says, "It was moved by
12 Mr. Wang, seconded by Ms. Moss, that the
13 following resolution," parentheses, "2018-31,
14 be adopted.

15 "Be it resolved to contract with
16 MetroHealth Systems to connect inmates with
17 opioid-use disorder to the Cleveland Treatment
18 Center to provide medicated-assisted treatment
19 in lieu of conviction from January 1, 2018
20 through August 31, 2018." Did I read that
21 correctly?

22 A. You did.

23 Q. Do you recall voting on this
24 resolution to contract with MetroHealth
25 Systems --

1 A. No, I do not.

2 Q. -- about medically assisted
3 treatment?

4 A. Sorry. No, I do not.

5 Q. Who proposed resolution 2018-31 to
6 the board?

7 A. The president.

8 Q. I'm sorry?

9 A. The president.

10 Q. The president.

11 A. Uh-huh.

12 Q. At this board meeting, so if you
13 look underneath the ayes, you are listed as one
14 of the ayes voting --

15 A. Yes. Sorry.

16 Q. -- to contract with MetroHealth
17 system; is that right?

18 A. That is.

19 Q. Do you recall reviewing any
20 materials related to this resolution before
21 voting on it?

22 A. Materials of substance, things that
23 you can touch?

24 Q. Let's start with physical
25 materials. So written materials, did you

1 review any written materials?

2 A. No.

3 Q. Did you hear any presentations
4 related to the resolution?

5 A. There is a discussion associated
6 with every action.

7 Q. Do you remember the discussion
8 around this particular resolution?

9 A. No, I do not.

10 Q. Do you see that connected to this
11 resolution it says, "Amount to be paid is not
12 to exceed \$37,000"; is that right?

13 A. That's correct.

14 Q. Who set that amount?

15 A. I don't know.

16 Q. Does that amount come from any
17 particular source of funding?

18 A. I don't know.

19 Q. Do you know if that amount is
20 connected with a grant?

21 A. No, I do not.

22 Q. Do you know if you would have
23 known, at the time that you wrote it on this,
24 what the source of that funding was?

25 A. Yes.

1 Q. So somebody would have told you,
2 but you just don't remember sitting here today?

3 A. Correct.

4 Q. Setting that aside, are you
5 familiar with any particular sources of funding
6 to which the Cuyahoga County Board of Health
7 has access related to addressing opioid issues?

8 A. No, ma'am.

9 Q. Are you familiar with the -- are
10 you familiar with any grant from the State of
11 Ohio related to addressing opioid-use issues?

12 A. No, ma'am.

13 - - - - -

14 (Thereupon, Deposition Exhibit 3,
15 Designated Confidential, Email
16 Exchange with Attachment, Beginning
17 with Bates Label CUYAH_014322863,
18 was marked for purposes of
19 identification.)

20 - - - - -

21 Q. I'm showing you what has been
22 marked as Hall Exhibit 3. This is a document
23 bearing the Bates stamp CUYAH_014322863 through
24 865.

25 A. I'm not understanding what you are

1 saying.

2 Q. Before I show you any document that
3 has Bates stamped on it, meaning these numbers
4 at the bottom right, I will just read them into
5 the record, so everybody knows that we are
6 talking about.

7 A. Oh, okay. I just spaced out on
8 you.

9 Q. No need to respond to that.

10 Taking a look at this document, if
11 you look at the front page, you see that this
12 is an email at the top from Terry Allan to you,
13 Greg Hall; is that right?

14 A. That's correct.

15 Q. You see an email address there,
16 greg.hall@saberhealth.com. Is that your email
17 address?

18 A. Yes, one of them.

19 Q. Is that the -- is that your current
20 email address?

21 A. Yes.

22 Q. What is Saber Health?

23 A. It's a nursing home company.

24 Q. Is that one of the nursing home
25 companies you contract with?

1 A. Yes.

2 Q. Is this email address -- sorry.

3 Strike that.

4 Do you use this email address,
5 greg.hall@saberhealth.com, in connection with
6 your work on the board of the Cuyahoga County
7 Board of Health?

8 A. I did at the time.

9 Q. Do you currently use it in
10 connection with your work on the Cuyahoga
11 County Board of Health?

12 A. No.

13 Q. Is there another email address that
14 you currently use in connection with your work
15 on the Cuyahoga County Board of Health?

16 A. Yes.

17 Q. What is that email address?

18 A. It is glhall@roadrunner.com.

19 Q. Are there any other email addresses
20 you have ever used in connection with your work
21 on the Cuyahoga County Board of Health?

22 A. I don't know for sure.

23 Q. Can you think of any other that you
24 may have used?

25 A. I may have used

1 drhall@drgreghall.com.

2 Q. You see that this email at the top
3 of the page is dated September 5, 2012; is that
4 right?

5 A. It is.

6 Q. And do you see that in this email,
7 Terry Allan is forwarding you an email from
8 Vince Caraffi?

9 A. Uh-huh.

10 Q. Do you see that?

11 A. Yes.

12 Q. He says, "Hey Terry, could you do
13 me a favor and pass this along to Dr. Hall. He
14 mentioned at the board meeting that he was
15 interested in attending the conference we are
16 hosting September 28," and he attaches a
17 brochure here.

18 Do you see that the brochure, in
19 that circle or oval that's kind of in the upper
20 right quadrant says, "The opiate epidemic
21 across the lifespan: Impact and
22 interventions" --

23 A. I do see that.

24 Q. -- do you see that?

25 A. Huh-uh.

1 Q. Do you remember what board meeting
2 Vince Caraffi is talking about when he says
3 that you mentioned at a board meeting that you
4 were interested in a conference?

5 A. No.

6 Q. Do you remember hearing about the
7 opiate epidemic across the lifespan conference?

8 A. I'm trying to remember if I went,
9 and I'm not sure if I went. I may have
10 actually gone.

11 Q. You may have gone, but you don't
12 remember for sure?

13 A. I don't remember for sure, but
14 it's -- I feel like I may have gone.

15 Q. Do you remember anything about the
16 conference?

17 A. It was a huge -- in a huge
18 ballroom, you know, in a hotel.

19 Q. Do you remember any particular
20 presentations from the conference?

21 A. I didn't remember going,
22 so -- yeah, no.

23 I mean, you know, I'm
24 remembering -- I think I was there. I could
25 not swear I was there, but I would bet I was

1 there.

2 Q. Why were you interested in
3 attending this conference?

4 A. Because it's such a problem in my
5 practice. At the time it was a big problem in
6 the practice.

7 Q. This is in 2012, right?

8 A. That's what the date says, yeah.

9 Q. So by 2012, this was a big problem
10 in your practice?

11 A. That's why I would have showed
12 interest in going and went, yeah.

13 Q. Why are you interested in attending
14 conferences about issues that are a big problem
15 in your practice?

16 A. It helps me address the problems
17 better.

18 Q. Does attending conferences like
19 this inform your work as a member of the board
20 of the Cuyahoga County Board of Health?

21 A. In some way I imagine it does.

22 Q. In what way?

23 A. Better education.

24 Q. Okay. You can set that aside.

25 - - - - -

1 (Thereupon, Deposition Exhibit 4,
2 Designated Confidential, Email
3 Exchange with Attachment, Beginning
4 with Bates Label CUYAH_014260170,
5 was marked for purposes of
6 identification.)

7 - - - - -

8 Q. I'm showing you what has been
9 marked as Hall Exhibit 4. This is a document
10 bearing the Bates stamp CUYAH_014260170 through
11 171.

12 Do you see that this is an email
13 from Terry Allan, addressed to you,
14 greg.hall@saberhealth.com, and others?

15 A. Correct.

16 Q. And this email is dated March 13,
17 2014; is that right?

18 A. Yes.

19 Q. In this email, Terry Allan says,
20 "Good morning. We recently learned that CCBH
21 will be recognized for its work in coordinating
22 the Opiate Task Force of Cuyahoga County at the
23 annual meeting of Recovery Resources"; do you
24 see that?

25 A. I do see that.

1 Q. Did you attend the annual meeting
2 of Recovery Resources in 2014?

3 A. I'm guessing you are going to show
4 me that I did. I don't remember.

5 Q. Do you remember attending?

6 A. No.

7 Q. You don't. Okay.

8 A. But I wouldn't be surprised.

9 No, no. I'm sorry.

10 Q. I actually don't think I'm going to
11 show you a document showing that you attended.

12 Do you remember anything about this
13 event?

14 A. No.

15 Q. Do you remember hearing about this
16 event at the time?

17 A. I believe when I said that the
18 opioid task force was a model in the State of
19 Ohio, that this may have contributed to my
20 believing it was a model.

21 Q. When you said it was a model, you
22 just mean that you generally know that it has
23 been recognized somehow in the state?

24 A. Right. That other organizations
25 felt that we were doing that right.

1 Q. If you look at the second to the
2 last paragraph of Terry Allan's email, he says,
3 "This is a very considerate gesture and an
4 important distinction in addressing this very
5 alarming public health issue." Did I read that
6 correctly?

7 A. You did.

8 Q. Do you agree with Terry Allan that
9 the work -- strike.

10 Do you agree with Terry Allan that
11 issues related to opiate use present a very
12 alarming public health issue in Cuyahoga
13 County?

14 A. I do.

15 Q. Okay. You can set that one aside.
16 Do you agree with Terry Allan that
17 in 2014, it was a very alarming health issue,
18 meaning opiate use was a very alarming health
19 issue?

20 A. Yes.

21 - - - - -

22 (Thereupon, Deposition Exhibit 5,
23 Designated Confidential, Email
24 Exchange with Attachment, Beginning
25 with Bates Label CUYAH_014167489,

1 was marked for purposes of
2 identification.)

3 - - - - -

4 Q. I'm showing you what has been
5 marked as Hall Exhibit 5. This is a document
6 bearing the Bates stamp CUYAH_014167489 through
7 492. The way this email is produced, there is
8 this front cover page, and then there is the
9 email itself behind it.

10 Do you see from the front cover
11 page that this is a September 2014 email from
12 Vince Caraffi to you and Terry Allan?

13 A. Yes.

14 Q. And do you see that the subject
15 line is Role of the Prescriber Training?

16 A. Yes.

17 Q. Turning the page to the page ending
18 in 490, in this email Vince Caraffi says, "Good
19 morning, Dr. Hall. I know you are aware of
20 CCBH's role in addressing the public health
21 epidemic of opioid abuse."

22 Do you agree with Mr. Caraffi that,
23 in 2014, there was public health epidemic
24 related to opioid abuse?

25 MR. RICHARDS: Objection.

1 A. Can I read it?

2 Q. Sure.

3 A. I don't remember this email either.
4 Okay. What's the question?

5 Q. Do you agree with Mr. Caraffi that
6 in -- at the time in 2014, there was a public
7 health epidemic of opioid abuse?

8 A. Yeah, I'm not aware of the
9 definition of epidemic, as I have said, so I
10 don't -- you know, I'm trying to not to -- I
11 think I just -- it was just of -- it wasn't
12 asking me if I agreed, it was just sort of
13 informational.

14 Q. I'm asking if you agree.

15 A. I trust his take.

16 Q. Would you defer to Mr. Caraffi on
17 the assessment of the scope of the opioid
18 problem in Cuyahoga County?

19 A. I would have to leave that to him.
20 You said don't do hearsay things, right?

21 Q. Sure. I'm just asking if you would
22 defer to him on that issue?

23 A. I mean, I know what you are saying.
24 I'd have to see what his opinion is and
25 then --

1 Q. You see in the next sentence
2 Mr. Carafe says, "In 2014 we received a
3 five-year grant from the Ohio Department of
4 Health addressing contributing factors leading
5 to the significant increase in
6 misuse/fatalities from prescription medication,
7 opioids and benzodiazepines."

8 Do you recall -- are you familiar
9 with the grant that he's talking about?

10 A. It sounds right.

11 Q. Do you know what that grant was
12 called?

13 A. No.

14 Q. Did the board, meaning the board
15 members, vote to approve receipt of that grant?

16 A. We vote to approve everything, in
17 terms of grant money.

18 Q. In the next sentence, Mr. Carafe
19 says, "Working with the medical community is
20 one of the main components of the grant." And
21 then he attaches this flyer for an event called
22 The Role of the Prescriber in Prescription Drug
23 Abuse.

24 A. I looked at that.

25 Q. Did you attend this event?

1 A. I don't believe I attended that
2 event.

3 Q. When Mr. Caraffi says, "Working
4 with the medical community is one of the main
5 components of the grant," have you, as a member
6 of the medical community, done any work with
7 the task force related to this grant from the
8 Ohio Department of Health?

9 A. No, I don't believe so.

10 Q. You can set that aside.

11 - - - - -

12 (Thereupon, Deposition Exhibit 6,
13 Designated Confidential, Email
14 Exchange with Attachment, Beginning
15 with Bates Label CUYAH_014322836,
16 was marked for purposes of
17 identification.)

18 - - - - -

19 Q. I'm showing you what has been
20 marked as Hall Exhibit 6. This is a document
21 bearing the Bates stamp CUYAH_014322836 through
22 838.

23 Do you see at the top of the page
24 that this is an email from Terry Allan to you
25 in August of 2012?

1 A. Yes.

2 Q. You can take a moment to look it
3 over.

4 Terry Allan says, "FYI, Greg," and
5 he forwards you this flyer for an event called
6 Prescribing Controlled Substances in Ohio
7 During a Prescription Drug Abuse Crisis.

8 Why did Terry Allan send this to
9 you?

10 A. Because I had an interest in
11 helping my patients who were addicted to pain
12 medicine.

13 Q. How did Terry Allan know that you
14 had that interest?

15 A. I would have had to -- I would have
16 had to have talked to him about that during the
17 board meeting.

18 Q. Did you attend this event?

19 A. No.

20 Q. What did the Cuyahoga County Board
21 of Health have to do, if anything, with this
22 event?

23 A. I don't know.

24 Q. Have you ever attended an event
25 about prescribing practices for opioids?

1 A. Yes.

2 Q. What events have you attended about
3 prescribing practices for opioids?

4 A. I attended an evening event that
5 was on at the hotel on Harvard that's right by
6 271. I can't remember what it is. But there
7 was an evening event there that I attended on
8 prescribing opioids.

9 Q. When was that event?

10 A. Years ago.

11 Q. How many years ago, roughly?

12 A. I don't know. You may show me, so
13 I'll trust your judgment on that. I don't
14 know. I really don't. But we could find it
15 out, but it was in that hotel that I'm blanking
16 on whether it was a Hilton or something, but it
17 was on the first floor, and it was in the
18 evening.

19 Q. How would you go about finding out
20 when this event happened?

21 A. Maybe call the hotel and ask them.

22 Q. Do you know who put on this event?

23 A. The one I went to?

24 Q. Yes.

25 A. No.

1 Q. Were there presentations at this
2 event?

3 A. Yes.

4 Q. What sort of presentations were
5 there at this event?

6 A. It was discussing the appropriate
7 way to prescribe pain medicine and the
8 appropriate way to identify patients that may
9 be at risk for abuse.

10 Q. Do you remember who presented at
11 the event?

12 A. I believe Ted Parren presented.

13 Q. Who is Ted Parren?

14 A. He was a physician.

15 Q. Where is he a physician?

16 A. In Cleveland. I mean, he's at St.
17 Vincent's, but he's also at other hospitals
18 too.

19 Q. Do you know Dr. Parren?

20 A. I've met him.

21 Q. What did Dr. Parren present on?

22 A. Sort of the profile of a patient
23 that might be at high risk for opioid abuse.

24 Q. Did anyone else present at this
25 event?

1 A. I'm sure they did.

2 Q. Do you recall any other names or
3 affiliations of people who presented at the
4 event?

5 A. No.

6 Q. You said that the event discussed
7 appropriate ways to prescribe pain medications.
8 What did you learn about appropriate ways to
9 prescribe pain medications at this event?

10 A. They went over, sort of, how to
11 calculate when a person is on too much, and
12 they talked about the equivalence, sort of,
13 between medications, when, you know, the opioid
14 content of one medication might be much
15 stronger, and so there is not equal -- how to
16 calculate what is too much and things of that
17 nature.

18 Q. Did the presenters at that event
19 acknowledge that prescribing opioids may be
20 appropriate treatment for pain?

21 A. I don't remember. I would imagine
22 they did.

23 Q. Did the presenters at that event
24 acknowledge that prescribing opioids might be a
25 medically necessary treatment for pain?

1 A. I see that that's the same
2 statement that you made before.

3 Q. In your view, can prescribing
4 opioids be an appropriate and medically
5 necessary treatment for pain?

6 A. Yes.

7 Q. Did this event include discussion
8 of any changes in prescribing practices or
9 standards around opioids?

10 A. I think it did.

11 Q. What were those changes?

12 A. I don't remember.

13 Q. Are you familiar with changes over
14 time related to the standards for appropriate
15 prescription of opioids?

16 A. I'm aware of the changes, that
17 there have been changes and that the standards
18 have changed.

19 Q. How have the standards changed?

20 A. Can I say significantly?

21 Q. Sure. In what way --

22 A. I'm not able to outline the
23 specific changes, but it's a challenge to keep
24 up with the changes, but I try to stay up on
25 them and I -- but I can't outline them for you

1 right now.

2 Q. When have the standards changed?

3 A. Multiple times.

4 Q. How about in the past ten years,
5 how have the standards changed?

6 A. That's the timeframe when the
7 standards have changed. I just read a change
8 that occurred that goes in effect, like, on the
9 23rd.

10 Q. Of December?

11 A. Of December. Yes, I just read
12 those.

13 Q. What is that, what did you read?

14 A. I perused it. It has to do with
15 offering naloxone in conjunction with opioids
16 to patients that seem that they are at an
17 increased risk for overdose. That was kind of
18 what I took away from that most recent change.

19 Q. And when you say that you saw this
20 recent change taking effect December 23rd,
21 who -- what is that a change to? Is that a
22 change to a particular set of prescribing
23 guidelines or standards?

24 A. It came from the Ohio State Medical
25 Board.

1 Q. Does the Ohio State Medical Board
2 have best practices for prescribing opioids?

3 A. I think they do.

4 Q. Do you keep up with those best
5 practices?

6 A. Not specifically, because I really
7 try to avoid prescribing opioids now.

8 Q. You say you try to avoid
9 prescribing opioids now. Have you prescribed
10 opioids in the past?

11 A. Yes.

12 Q. How often have you prescribed
13 opioids in the past?

14 MR. RICHARDS: I'm going to object.
15 This witness has been subpoenaed to testify
16 regarding his involvement as a member of the
17 board. He's testified at length regarding that
18 today. You are now far afield from his work at
19 the board, and you are getting into his private
20 medical practice.

21 You can answer the question, but I
22 think you are getting deeper and further and
23 further away from the subject matter of this
24 deposition.

25 MS. JAZIEWICZ: I would just note

1 for the record that Dr. Hall was -- we noticed
2 Dr. Hall's deposition as a witness in this
3 litigation, not in any particular capacity.

4 Q. You can go ahead and answer.

5 MR. SCHUTTE: And can I also add,
6 for the record -- this is Scott Schutte for
7 Rite Aid -- this witness testified earlier this
8 morning that his work in private practice
9 informs his ability to serve on the board of
10 Cuyahoga County Board of Health, and so for
11 that reason too, I think his testimony is
12 relevant.

13 MR. RICHARDS: You can answer that.

14 A. I have a problem answering. I
15 don't know how to quantify the answer to your
16 thing, but when patients had pain requiring
17 more severe than what Infeds provide, I would
18 prescribe opioids.

19 Q. And you say you try to avoid
20 prescribing opioids now. At what point in time
21 did your prescribing practices change?

22 A. I think they changed multiple
23 times. As the requirements became more
24 complicated, I felt, because I'm in private
25 practice, I'm not affiliated with a large

1 hospital system with the legal backbone, that
2 it would be best, as a private practitioner, to
3 really avoid prescribing opioids.

4 Q. But you acknowledge that opioids
5 may be an appropriate and medically necessary
6 treatment for pain?

7 A. I absolutely acknowledge that.

8 - - - - -

9 (Thereupon, Deposition Exhibit 7, A
10 Printout From Dr. Greg Hall's
11 Website, "About Dr. Greg Hall," was
12 marked for purposes of
13 identification.)

14 - - - - -

15 Q. Showing you what has been marked as
16 Hall Exhibit 7, this is a printout from a
17 website that's publicly available, so it is not
18 Bates stamped. There is a URL at the bottom
19 right from drgreghall.com.

20 Do you recognize this document?

21 A. I do.

22 Q. What is this?

23 A. It is a printout of what my website
24 shows.

25 Q. So drgreghall.com is your website

1 for your private practice --

2 A. It is.

3 Q. -- is that right?

4 And this specifically is a printout
5 of a web page titled "About Dr. Greg Hall,"
6 right?

7 A. Yes.

8 Q. And there is some information in
9 here about your background and your work. Is
10 all of this information true and accurate?

11 A. It may or may not be. I
12 periodically update it. It may not reflect
13 that I work for Cleveland State.

14 Q. So it might not be up to date, but
15 it is, generally speaking, true and accurate?

16 A. Generally speaking. I would like
17 to think it's true and accurate, because I do
18 it myself.

19 Q. You anticipated my next question,
20 which was whether you wrote this web page?

21 A. Yes.

22 Q. Did anybody else contribute to the
23 writing of this web page?

24 A. I don't believe so, no.

25 Q. If you turn to page 3 of this

1 document, you can see the logo of the Cuyahoga
2 County Board of Health at the top, and
3 underneath that it says, "Dr. Greg Hall serves
4 on the Cuyahoga County Board of Health since
5 2010." Why did you include this on your
6 website?

7 A. Because I was talking about Dr.
8 Greg Hall.

9 Q. Sure. So the Cuyahoga County Board
10 of Health, serving on the board is one of the
11 things that you do in the community; is that
12 right?

13 A. Correct.

14 Q. And so you want your patients in
15 your private practice to know that, right?

16 A. I want them to be aware of Dr. Greg
17 Hall, yeah.

18 Q. And if you turn to page 8 of 17,
19 I'm looking at those page numbers on the top
20 right, on the top half of the page there, there
21 is a picture of the Cuyahoga Board of Health
22 members, and I believe that's you in the upper
23 left, right?

24 A. That's correct.

25 Q. Okay. You can set that aside.

1 - - - - -

2 (Thereupon, Deposition Exhibit 8,
3 Printout From Dr. Greg Hall's
4 Website, Painkillers Killing More
5 Than Just Pain, was marked for
6 purposes of identification.)

7 - - - - -

8 Q. I'm showing you what has been
9 marked as Hall Exhibit 8, and this is another
10 printout from a publicly available website, so
11 it is not Bates stamped.

12 And this is also from
13 drgreghall.com; is that right?

14 A. Yes.

15 Q. And this is a web page titled
16 Painkillers Killing More Than Just Pain; is
17 that right?

18 A. That's correct.

19 Q. So this is a different page, but on
20 the same website as Hall Exhibit 7 that we just
21 looked at, right?

22 A. That's correct.

23 Q. Did you write this web page?

24 A. I did.

25 Q. Did anybody else contribute to the

1 writing of this web page?

2 A. I don't believe so.

3 Q. Did anybody else contribute
4 research to this web page?

5 A. I don't believe so. Well, yeah. I
6 mean, the screen shots of the tables, they --

7 Q. Sorry. Go ahead.

8 A. They did those. Yeah, I didn't do
9 those. I didn't create the artwork.

10 Q. So the sources you cite may have
11 done research but --

12 A. Yeah.

13 Q. -- as far as putting together this
14 web page, are you aware of any -- was anybody
15 else involved?

16 A. No.

17 Q. Okay. So this is just you?

18 A. It's just me.

19 Q. Did you do research on this topic
20 before writing this web page?

21 A. I would have had to, in order to
22 get the screen shots.

23 Q. And what research did you do on
24 this topic?

25 A. I would have gone to places to get

1 these shots. I mean, I would have gotten
2 information. I mean, it would have been on web
3 based --

4 Q. It would have been web-based
5 research?

6 A. Yeah. I did it at home, on my desk
7 at home.

8 Q. About how much time would you
9 estimate you spent researching before writing
10 this web page?

11 A. Not much.

12 Q. When did you write this web page?

13 A. I don't remember.

14 Q. Was it within the past year?

15 A. No.

16 Q. Was it within the past five years?

17 A. I can't even say that. The website
18 migrated from an old website to a new website,
19 and the date would be the migration. This was
20 an article I wrote quite a while ago. It may
21 have been more than five years, I guess is what
22 I'm trying to say. I wouldn't be surprised.

23 Q. So it may have been more than five
24 years, but you don't remember when you wrote
25 this?

1 A. I don't remember, because it's been
2 a while.

3 Q. Okay. How long did you spend
4 writing this web page?

5 A. I don't remember specifically, but
6 this is the article we were talking about
7 earlier. But it wasn't -- it wouldn't have
8 been long -- I wouldn't have spent a long time
9 on it.

10 Q. So earlier you referenced that you
11 wrote an article on your website for your
12 patients --

13 A. Correct.

14 Q. -- about substance abuse and
15 painkillers, right?

16 A. Correct.

17 Q. This is the article that you were
18 referring to?

19 A. Correct.

20 Q. Did anyone else review this article
21 before you posted it on your website?

22 A. Unfortunately, no.

23 Q. So this web page has not been peer
24 reviewed?

25 A. No.

1 Q. Is this web page something that you
2 would list as a publication on a CV?

3 A. I might.

4 Q. But this web page is different from
5 something like a peer-reviewed publication?

6 A. Very different.

7 Q. How is it different?

8 A. It hasn't been peer reviewed, I'm
9 not an authority in pain medicine. I could go
10 on. This is purely from me to my patients.

11 Q. So you are not an authority in pain
12 medicine?

13 A. No.

14 Q. You have no special expertise in
15 pain medicine?

16 A. Absolutely not.

17 Q. If you turn to -- actually, if you
18 look at the very bottom of this page, you say,
19 "Look at the stars who have accidentally died
20 from pain medication overdoses and click on the
21 picture to read the article on Huffington
22 Post."

23 And then on the next page, there
24 are those little pictures, "Celebrity
25 Overdoses: Deaths highlight prescription drug

1 epidemic"; do you see that?

2 A. I see it, yes.

3 Q. And there is four celebrities
4 pictured there. Do you know who any of those
5 celebrities are?

6 A. I know Michael Jackson.

7 Q. What do you know about the
8 circumstances of Michael Jackson's death?

9 A. It was from a drug overdose.

10 Q. Do you know what drug Michael
11 Jackson overdose on?

12 A. He overdosed on propofol.

13 Q. What is propofol?

14 A. It's a medication to help you
15 sleep.

16 Q. Is propofol an opioid?

17 A. No.

18 Q. If you look at the paragraph below
19 this picture we have just been talking about,
20 it says, "Here are the facts," and there are
21 some numbers there about the number of people
22 that die from overdoses on opioid drugs.

23 A. Uh-huh.

24 Q. What is your source for the figures
25 in that paragraph?

1 A. Well, it says CDC.

2 Q. So it says source CDC on this
3 picture, National Data. Are you saying that
4 that source is the same source for the
5 paragraph where you list numbers above?

6 A. No, I'm not saying that. I'm just
7 saying that's where the picture comes from.

8 Q. Okay. What about the numbers in
9 the paragraph above, 46 people per day?

10 A. I don't know.

11 Q. 17,000 per year. You don't know?

12 A. No, I don't remember.

13 Q. If you look at page 3 of 9, looking
14 at the page numbers on the bottom right, at the
15 top, you write, "How do overdoses occur? Well,
16 the answer varies from person to person, but
17 most occur when combined with another
18 medication or another substance, alcohol or
19 other drugs." Did you write that?

20 A. I would have to, yes.

21 Q. And would you still say that that
22 is true today, that most overdoses occur when
23 individuals combine medications or substances?

24 A. I was thinking of it in terms of
25 like I've got a very low heroin-using

1 population in my practice, so this was more
2 thinking about educating them in terms of ways
3 they might be at risk.

4 So my phrasing could easily be
5 inaccurate, but I was thinking of my patients.

6 Q. Okay. So you said that your
7 patients do not generally or not frequently use
8 heroin, right?

9 A. Very few.

10 Q. Do your patients use prescription
11 opioids?

12 A. At the time they were. And they do
13 now. I'm sorry, to be clear, yes.

14 Q. Okay. And so when you talk about
15 the dangers of combining substances, you are
16 talking in part about prescription opioids; is
17 that right?

18 A. Yes.

19 Q. If an individual combines
20 prescription opioids with other medications or
21 other substances, is that a medically
22 legitimate use of those medications?

23 MR. CIACCIO: Objection to form.

24 MR. RICHARDS: Objection.

25 A. Are you saying like if someone

1 takes a pain medicine and drinks vodka with it,
2 is that medically appropriate?

3 Q. Right.

4 A. No, that would be medically
5 inappropriate.

6 Q. So you would classify that as
7 misuse of the medications?

8 A. Well, a lot of times they don't
9 know.

10 Q. Okay.

11 A. And so it is not a misuse, it's
12 just an accidental use.

13 Q. So that's part of what you're doing
14 on this web page is informing patients that
15 they shouldn't do that?

16 A. Hoping to.

17 Q. If you turn to page 4 of this
18 document, the top paragraph there, you say,
19 "Nationwide, pharmacies received and ultimately
20 dispensed the equivalent of 69 tons of pure
21 oxycodone and 42 tons of pure hydrocodone in
22 2010 alone." What is your source for those
23 figures?

24 A. I don't have one.

25 Q. You don't have one, meaning you

1 don't have one now or you didn't have one at
2 the time that you wrote this?

3 A. I would have had a source at the
4 time.

5 Q. But you don't remember what it was?

6 A. No, ma'am.

7 Q. And I think you said that you did
8 research for this web page by looking around
9 the internet; is that right?

10 A. You make it sound different, but,
11 yeah, it was on the internet that I got this
12 information, correct.

13 Q. Okay. Are you familiar with the
14 role of the Drug Enforcement Agency in the
15 pharmaceutical supply chain?

16 A. Probably not in this setting. Not
17 to answer a lot of questions from it. I'm
18 aware of the DEA, yes.

19 Q. You are generally aware of the DEA?

20 A. I am, yes.

21 Q. Are you aware that the DEA
22 regulates controlled substances?

23 A. I think so, yes.

24 Q. Are you familiar with the DEA's
25 aggregate production quotas for controlled

1 substances?

2 A. I'm not.

3 Q. Are you aware that the DEA has
4 quotas for production of controlled substances?

5 A. No.

6 Q. If you can turn to page 5 of this
7 document, there is -- the first paragraph on
8 the page below the picture says, "Providers
9 treating chronic, nonterminal pain patients who
10 have received opioid painkillers equal to or
11 greater than 80 milligrams MED, morphine
12 equivalent daily dose, for longer than three
13 continuous months should strongly consider
14 doing the following to optimize therapy and
15 help ensure patient safety," and you list some
16 actions there that providers should consider
17 taking; is that right?

18 A. That's what it says, yes. It's
19 wrong now. It was accurate at the time.

20 Q. How is it wrong now?

21 A. There is no -- I don't prescribe
22 any for -- you know, the length of time is
23 wrong. I don't know what the equivalent, but I
24 betcha that's been lowered.

25 Q. So when you say that the length of

1 time is wrong, what do you mean by that?

2 A. Now there is no one in my practice
3 that gets medications even for a week, opioids.
4 So three months is just so far off the radar,
5 that that's just not accurate.

6 Q. So you are saying that you would no
7 longer prescribe opioid pain killers equal to
8 or greater than 88 milligrams MED for three
9 continuous months?

10 MR. RICHARDS: Objection. You can
11 answer.

12 A. I'm saying that this is inaccurate.

13 Q. How is this inaccurate?

14 A. The three months. I can't say the
15 80, I betcha it's not 80, because it has been
16 lowered, based on the time, and I know that
17 three months is wrong.

18 Q. The first part of this sentence
19 talks about treating chronic, nonterminal pain
20 patients. Why did you specify nonterminal pain
21 there?

22 A. Because that was chronic pain, and
23 that's wrong too. I mean, they are supposed to
24 now be referred to a pain management specialist
25 for chronic, nonterminal pain.

1 Q. So you are saying that you wouldn't
2 treat somebody with chronic, nonterminal pain,
3 you would refer them to a pain management
4 specialist; is that right?

5 A. In my practice, correct, and in the
6 nursing home, correct.

7 Q. But at the time that you wrote
8 this, which you said was a few years ago, you
9 might treat patients with chronic, nonterminal
10 pain?

11 A. Correct.

12 MR. CIACCIO: Objection to form.
13 Misstates testimony.

14 A. Yeah. I wouldn't have written it
15 unless I was prescribing pain medicine at the
16 time that I wrote it.

17 Q. So at the time you were writing it,
18 you were following these prescribing -- this
19 prescribing advice that you list here; is that
20 right?

21 A. Probably.

22 Q. So at the time, you specified
23 nonterminal pain patients.

24 A. Uh-huh. Yes.

25 Q. Does that mean that prescribing

1 standards at the time were different for
2 terminal pain patients?

3 MR. RICHARDS: Objection.

4 A. Yes.

5 Q. Currently, are prescribing
6 standards different for nonterminal and
7 terminal pain patients?

8 A. I believe they are.

9 Q. How are they different?

10 MR. RICHARDS: Objection.

11 A. Sorry. The requirements are looser
12 for terminal pain.

13 Q. When you say they are loser for
14 terminal pain, do you mean that it may be more
15 appropriate to prescribe opioids?

16 A. Yes.

17 Q. And it may be more appropriate to
18 prescribe opioids in greater doses?

19 A. Yes.

20 Q. And it may be more appropriate to
21 prescribe opioids over a greater length of
22 time?

23 A. Yes.

24 Q. So some of the factors that we have
25 been talking about that affect prescribing

1 standards include whether the pain is
2 terminal -- or whether the patient is terminal?

3 A. Correct.

4 Q. It also includes the dose; is that
5 right?

6 A. Correct.

7 Q. It includes the length of time that
8 the patient needs the medication; is that
9 right?

10 A. Correct.

11 Q. What are some of the other factors
12 that you might consider in deciding whether
13 prescribing opioids is appropriate?

14 A. What we call comorbidities, what
15 other issues, medical issues they might have
16 going on with them.

17 Q. And it is your role, as a doctor,
18 to weigh risks and benefits, consider these
19 factors, and make a decision about what is
20 appropriate treatment?

21 A. Correct.

22 Q. If you look at the bottom of this
23 page, one of the --

24 MR. RICHARDS: What page are you
25 on?

1 Q. I'm sorry. Page 5 still.

2 One of the practices that you
3 recommended at the time for providers was
4 active use of OARRS; do you see that?

5 A. I do.

6 Q. What is OARRS?

7 A. It is a website you can go to to
8 see what other prescribers may be prescribing
9 pain medicines for patients.

10 Q. Do you still recommend that
11 providers consult OARRS?

12 A. The regulations actually recommend
13 it, yes.

14 Q. Do you consult OARRS in your
15 practice?

16 A. In my office, I use so little, when
17 I do prescribe it, I will check, but it's very
18 little use.

19 Q. Okay. So understanding that your
20 practices and what you would recommend have
21 changed since the time you wrote this web page,
22 at the time you wrote this web page, did you
23 state anywhere that opioids should never be
24 prescribed?

25 A. No.

1 Q. Would you state that today --

2 A. No.

3 Q. -- that opioids should never be
4 prescribed.

5 MS. JAZIEWICZ: Let's take a
6 five-minute break.

7 THE VIDEOGRAPHER: Off the record,
8 12:40.

9 (Recess taken.)

10 THE VIDEOGRAPHER: On the record,
11 1:31.

12 Q. Welcome back, Dr. Hall.

13 A. Thank you.

14 Q. We were talking some before the
15 break about prescribing guidelines for opioids.

16 A. Uh-huh.

17 Q. Do you know if the Cuyahoga County
18 Board of Health does any work regarding
19 prescribing guidelines?

20 A. I don't know.

21 Q. Have you ever heard of someone
22 named Dr. Emily Metz?

23 A. No.

24 Q. Have you heard of a Dr. Joan Papp,
25 P-A-P-P?

1 A. Maybe. I don't know. Not for
2 sure.

3 Q. How about Dr. Melanie Gelembiewski?

4 A. No, and well done.

5 Q. I'm Polish, so easy for me to say.

6 Are you familiar with any work that
7 the Cuyahoga County Board of Health has done
8 with MetroHealth related to opioids?

9 A. Other than what you showed me, the
10 email you showed me, not really, no.

11 Q. Are you familiar with a grant
12 called the Injury Prevention Grant from the
13 State of Ohio?

14 A. No.

15 Q. Do you know whether the Cuyahoga
16 County Board of Health currently receives
17 funding from that grant?

18 A. No.

19 Q. Do you know whether the Cuyahoga
20 County Board of Health has ever received
21 funding from that grant?

22 A. No.

23 Q. Does the board, meaning the members
24 of the board of the Cuyahoga County Board of
25 Health, evaluate or review employees of the

1 Cuyahoga County Board of Health?

2 A. Sometimes, yes.

3 Q. In what kinds of contexts might the
4 board members review employees of the Cuyahoga
5 County Board of Health?

6 A. We review -- well, we do salaries;
7 we did -- certainly did a revision of their pay
8 grades; we congratulate promotion, people that
9 are promoted.

10 Q. Are board members involved in
11 performance reviews for employees of Cuyahoga
12 County Board of Health?

13 A. No.

14 Q. Does the board, meaning members of
15 the board, evaluate or review implementation of
16 programs at the Cuyahoga County Board of
17 Health?

18 A. We review them when we discuss
19 them, but we don't really evaluate them.

20 Q. Do the board members ever provide
21 feedback on the implementation of programs at
22 the Cuyahoga County Board of Health?

23 A. I think we do, to a certain extent.

24 Q. What kind of feedback might you
25 provide?

1 A. You know, if we -- if I hear good
2 things out in the community about certain
3 things, we will say we are doing a good job
4 with this, or if I'm not hearing about things,
5 I may say we need more information out in the
6 community about that.

7 Q. Can you think of particular
8 instances where you have provided that kind of
9 feedback?

10 A. Not off the top of my head.

11 Q. Does the board provide any kind of
12 formal feedback?

13 Does the board, meaning members of
14 the board, provide any kind of formal feedback
15 on the implementation of programs at the
16 Cuyahoga County Board of Health?

17 A. Formal in the sense of, you know,
18 our meetings, there are minutes, and I don't
19 know if that means formal.

20 Q. Are the board members ever asked to
21 assess the effectiveness of any programs of the
22 Cuyahoga County Board of Health?

23 A. No.

24 Q. Do the board members issue any kind
25 of written reviews of programs at the Cuyahoga

1 County Board of Health?

2 A. I don't.

3 Q. Do others?

4 A. I'm not aware.

5 Q. Dr. Hall, are you a lawyer?

6 A. No.

7 Q. Are you a pharmacist?

8 A. No.

9 Q. Are you an accountant?

10 A. No.

11 Q. Are you a statistician?

12 A. No.

13 Q. Do you have any training or
14 expertise in pharmacology?

15 A. No.

16 Q. Do you have any training or
17 expertise in behavioral health?

18 A. Well, maybe I answered too -- as
19 part of medical school, you know, we had to
20 take pharmacology, so I guess I did have some
21 training in pharmacology, but I wouldn't say
22 that I have an expertise in it.

23 So when you are putting training
24 and expertise together, I sort of was hanging
25 on the expertise, and I don't have any

1 expertise in it, but I do have training.

2 Q. Okay. Thank you for clarifying
3 that.

4 So you have some training in
5 pharmacology from medical school?

6 A. Correct.

7 Q. Beyond your basic training in
8 pharmacology in medical school, do you have any
9 expertise in pharmacology?

10 A. No.

11 Q. Do you have any training in
12 behavioral health?

13 A. Yes.

14 Q. What training do you have in
15 behavioral health?

16 A. My undergraduate degree was in
17 psychology, and we had behavioral health
18 classes in the first two years of medical
19 school, and then we had psychiatry rotations in
20 medical school as well.

21 And University Manner has a
22 psych -- a significant psychiatric population,
23 and as the medical director, I'm not saying I
24 have any expertise, but I deal with the
25 psychiatrists in that sense.

1 So I probably have a little bit
2 more psychiatric exposure than the average
3 internist.

4 Q. Okay. So you have some exposure to
5 behavioral health from your psychology degree,
6 from medical school, and through your work at
7 University Manner, which is a nursing home; is
8 that right?

9 A. Correct.

10 Q. Do you have any special expertise
11 in mental health issues?

12 A. No.

13 Q. Beyond your undergraduate degree in
14 psychology, do you have any special expertise
15 in psychology?

16 A. No.

17 Q. Do you have any training in
18 epidemiology?

19 A. No. Well, I mean, so there may
20 have been a little epidemiology in medical
21 school. They try to cover a lot of things, but
22 I'm not -- I'm a general internist, so I do not
23 claim to have an expertise in a lot of things.

24 Q. So beyond touching on epidemiology
25 in medical school, you have no special training

1 or expertise in epidemiology?

2 A. No. That's correct.

3 Q. Do you have any training in
4 toxicology?

5 A. No -- well, yes, again, in medical
6 school, but I wouldn't profess to be able to
7 discuss it.

8 Q. So beyond basic training in medical
9 school, you have no special expertise in
10 toxicology?

11 A. True.

12 Q. Do you have any special expertise
13 in addiction medicine?

14 A. No.

15 - - - - -

16 (Thereupon, Deposition Exhibit 9,
17 Designated Confidential, Email
18 Exchange, Beginning with Bates Label
19 CUYAH_01467892, was marked for
20 purposes of identification.)

21 - - - - -

22 Q. Showing you what has been marked as
23 Hall Exhibit 9, this is a document bearing the
24 Bates stamp CUYAH_014167892 through 893. And
25 again, this is an email that's produced with a

1 cover page and then there is the email.

2 A. Uh-huh. Yes, I'm sorry.

3 Q. So if you look at the page ending
4 in 893, you see there is an email exchange here
5 between you and someone named Dee Samosky,
6 right?

7 A. Correct. Dee was an administrator.

8 Q. Is she is an administrator at the
9 Cuyahoga County Board of Health?

10 A. That's correct.

11 Q. And this was an email exchange in
12 October of 2014, and if you look at the bottom
13 email in the chain, Dee says, "Here is Terry's
14 pharmacy," and she gives the address and phone
15 number of a pharmacy.

16 A. Uh-huh. Yes.

17 Q. Who is the Terry that she is
18 talking about there?

19 A. Terry Allan.

20 Q. Terry Allan. And then you respond,
21 asking, "What is his birth date?", and she
22 responds with his birth date; is that right?

23 A. Correct.

24 Q. Why was Dee Samosky sending you
25 Terry's pharmacy and birth date?

1 MR. RICHARDS: I'm going to put an
2 objection on the record here. In the event
3 that this correspondence deals with anything
4 that would constitute something within the
5 physician-patient privilege, I would instruct
6 you not to answer that question.

7 MR. CIACCIO: And as counsel for
8 Terry Allan and the board of health, I would
9 put on an objection that it is improper to ask
10 any questions that may be bordering on personal
11 medical information related to Terry Allan, and
12 I would request that the witness does not
13 disclose any personal medical information
14 related to Terry Allan.

15 Q. Without disclosing any personal
16 medical information or violating a privilege
17 that you have with Mr. Allan, can you answer
18 the question?

19 A. No.

20 Q. Okay. Are you Mr. Allan's doctor?

21 MR. RICHARDS: Objection.
22 Objection. Do not answer that question.

23 MR. CIACCIO: Same objection on
24 behalf of Terry Allan.

25 MR. RICHARDS: We are far afield

1 now.

2 MS. JAZIEWICZ: Okay. This is a
3 document produced in the litigation.

4 MR. RICHARDS: That's fine.

5 MS. JAZIEWICZ: I'm just asking --

6 MR. RICHARDS: You are asking him
7 physician-patient privileged questions. I'm
8 going to instruct him not to answer. If you
9 want to get David Cohen on the phone, we can do
10 that right now.

11 Q. Is this email exchange relevant in
12 any way to your work on the Cuyahoga County
13 Board of Health?

14 A. It would not have taken place if I
15 was not on the Cuyahoga County Board of Health.

16 Q. Was this an email exchange that you
17 had within the scope of your work as a board
18 member on the Cuyahoga County Board of Health?

19 MR. RICHARDS: Objection.

20 Q. That's all I want to know.

21 MR. RICHARDS: I'm instructing you
22 not to answer any more questions on this
23 subject matter.

24 MR. SCHUTTE: I want to put an
25 objection on the record that you are asserting

1 the physician-patient privilege without letting
2 the witness answer the question of whether the
3 person being referenced was his patient.

4 So there is no predicate for that
5 privilege being asserted. I don't know where
6 this is going to go, but I think it is
7 important to have that issue on the record as
8 well.

9 MR. CIACCIO: And just to be clear,
10 our objection is whether or not he was his
11 physician. He's not -- he cannot disclose, and
12 Terry Allan's medical history is not an issue
13 in this litigation.

14 MS. JAZIEWICZ: I'm not asking
15 about Terry Allan's history.

16 MR. CIACCIO: Well, that's what I'm
17 saying.

18 MS. JAZIEWICZ: I'm just asking if
19 this document has anything to do with Dr.
20 Hall's work on the board of health.

21 MR. CIACCIO: No, I understand. I
22 object to him answering the question about
23 whether he is Terry Allan's physician or any
24 questions that may at all somehow disclose
25 Terry Allan's medical information, whether or

1 not he's his physician or not.

2 MR. SCHUTTE: You can't assert a
3 physician-patient privilege if the record isn't
4 clear that there is a physician-patient
5 relationship.

6 MR. CIACCIO: I'm not asserting a
7 physician-patient privilege. I'm asserting a
8 privilege that there is a witness in this case
9 and there is no relevancy and there is no basis
10 to break his federal right with respect to his
11 medical information.

12 If Terry Allan was sitting here, I
13 wouldn't let Terry Allan talk about his own
14 medical history, just as you wouldn't let your
15 witnesses talk about their medical history. So
16 we are not getting into Terry Allan's medical
17 history, whether or not Dr. Hall is Terry
18 Allan's physician.

19 MS. JAZIEWICZ: I'm just asking
20 whether there is any relevancy.

21 MR. CIACCIO: I understand. I'm
22 responding to counsel's, I guess, objection to
23 our objection, not necessarily your most
24 recently asked question. He went back to a
25 previous question.

1 MR. SCHUTTE: Right. And the
2 reason I did was because one of the objections
3 asserted was an instruction not to answer
4 because of the doctor-patient privilege, and my
5 only point is that whatever -- I understand
6 your objection and I understand where you're
7 going with it, and I'm not necessarily
8 disagreeing.

9 All I'm saying is that you are
10 asserting a doctor-patient privilege, but not
11 letting the witness answer a question about
12 whether there is a doctor-patient relationship,
13 that objection is invalid.

14 MR. CIACCIO: Okay.

15 MR. RICHARDS: And I would respond
16 that the patient -- or the doctor was asked a
17 question as to whether or not he could respond
18 to this line of questioning without getting
19 into anything like that, and he answered no.

20 So I would suggest that the record
21 suggests to the contrary, and I'm going to
22 instruct him not to answer. So if you want to
23 call the Court on it, we can call the Court on
24 it. If you want to put it at the end, we can
25 call the Court later, but I would like it if we

1 could move forward with this deposition, since
2 he's now been here for several hours.

3 MS. JASIEWICZ: We can move
4 forward.

5 - - - - -

6 (Thereupon, Deposition Exhibit 10,
7 Cuyahoga County Board of Health,
8 2010 Annual Report, was marked for
9 purposes of identification.)

10 - - - - -

11 Q. Showing you what has been marked as
12 Hall Exhibit 10, this is a document taken from
13 the Cuyahoga County Board of Health's website,
14 so it is publicly available and is not Bates
15 stamped. You can take a moment to look it
16 over.

17 A. Thank you.

18 Okay.

19 Q. Dr. Hall, have you seen this
20 document before?

21 A. I don't remember seeing it before,
22 but I'm sure I did.

23 Q. Is this the 2010 annual report of
24 the Cuyahoga County Board of Health?

25 A. That's what it says.

1 Q. And if you look on the inside
2 cover, you see there is a photo there of
3 members of the board, and you are pictured, and
4 your name appears below it, right?

5 A. Correct.

6 Q. If you could please turn to page 9
7 of this document. There is a heading here that
8 says Unintentional Prescription Drug Poisonings
9 and Unused Medications. Have you read this
10 page of this document before?

11 A. No.

12 Q. Do you think that you ever read it,
13 or do you just not remember?

14 A. I would bet I've never read it.

15 Q. If you look at the first sentence
16 there, it say, "According to the Ohio
17 Department of Health, recent statistics show an
18 alarming trend in Ohio, an increase in
19 prescription drug abuse and overdose." Did I
20 read that correctly?

21 A. You did.

22 Q. At the time that this document was
23 published in 2010, were you aware that there
24 had been an increase in prescription drug abuse
25 and overdoses in Ohio?

1 MR. RICHARDS: Objection.

2 A. I believe I probably was.

3 Q. At the time this document was
4 published in 2010, had you already seen
5 problems with opioid use amongst your patients?

6 A. I probably had.

7 Q. And what sort of problems had you
8 seen at that point in 2010 amongst your
9 patients with opioid use?

10 A. Addiction, signs of addiction.

11 Q. Thinking about that 2010 time
12 period, how prevalent would you describe the
13 problem with opioid use in the community being
14 at that point?

15 A. Fairly prevalent.

16 Q. If you look at the next sentence
17 here, it says, "A new education and awareness
18 campaign was recently launched by ODH to
19 address this trend. This campaign,
20 Prescription for Prevention: Stop the Epidemic,
21 includes," and then it lists various things
22 that the campaign does to stop the problem.

23 Was there, in your view, an
24 epidemic of prescription drug abuse in Cuyahoga
25 County in 2010?

1 MR. RICHARDS: Objection. Asked
2 and answered.

3 A. Yeah. Remember, I'm stuck on the
4 epidemic thing. I don't know. There was a
5 problem in Cuyahoga County at the time.

6 Q. So you are not comfortable using
7 the word epidemic, but there was a problem in
8 Cuyahoga County in 2010?

9 A. Correct.

10 Q. If you see -- if you look at the
11 first bullet point that's listed under facts
12 illustrating the magnitude of the problem, it
13 say, "In 2007, unintentional drug poisoning
14 became the leading cause of injury death in
15 Ohio, surpassing motor vehicle crashes and
16 suicides for the first time on record." Did I
17 read that correctly?

18 A. You did.

19 Q. In 2007, was there a problem with
20 opioid drug abuse in Cuyahoga County?

21 A. I think, based on that statement,
22 yes.

23 Q. Based on your own observations in
24 the community, was there a problem in 2007?

25 A. I believe so.

1 Q. If you look at the next paragraph
2 under the bullet points, the first sentence
3 there says, "Cuyahoga County is one of the top
4 five counties in Ohio for reported prescription
5 drug overdoses." Were you aware of that fact
6 in 2010?

7 A. I probably wasn't aware of that
8 fact, but I take it, I mean, I would believe it
9 if --

10 Q. Do you recall, when you joined the
11 board in 2007, do you recall seeing any
12 presentations to the board about the opioid
13 problem at that point?

14 A. I don't recall to that extent, but
15 I wouldn't be surprised if you said there were.

16 Q. And before you joined the board in
17 2010, had you already observed problems with
18 opioids amongst your patients?

19 A. Yes.

20 Q. If you look -- continuing with that
21 paragraph, it say, "In order to increase
22 efforts to combat this growing public health
23 problem, the Cuyahoga County Prescription For
24 Prevention Coalition was formed in June 2010."

25 And then the last sentence says,

1 "The Cuyahoga County Board of Health is an
2 active member of this coalition."

3 Do you remember the Cuyahoga County
4 Board of Health being involved in the Cuyahoga
5 County Prescription For Prevention Coalition?

6 A. No, ma'am.

7 Q. Do you know how that coalition was
8 funded?

9 A. No.

10 Q. Did the Cuyahoga County Board of
11 Health provide resources to that coalition?

12 A. I know nothing about the coalition.

13 Q. Since the time of this document in
14 2010, has the opioid problem in Cuyahoga County
15 gotten better or worse?

16 A. It has gotten worse.

17 Q. How about since 2015?

18 A. I think it has plateaued, to a
19 certain extent, from my perspective.

20 Q. And what are you basing your
21 perspective on there?

22 A. My patients, not the board of
23 health.

24 Q. So since 2015, based on your
25 observations of your patients, you would say

1 that the problem with opioid use in Cuyahoga
2 County has plateaued; is that right?

3 A. Yeah. I have a predominant African
4 American population, so, yes.

5 Q. Has the problem with opioid use in
6 Cuyahoga County decreased at all in the past
7 few years?

8 A. I haven't committed the statistics
9 to memory.

10 Q. Based on what you have observed
11 amongst your patients --

12 A. Well, I don't have a Cuyahoga
13 County, sort of, base for my patients. So
14 comparing them would be apples and oranges. I
15 feel like we are making progress in the opioid
16 situation, but I can't speak for whether we
17 actually are, but I feel like we are.

18 Q. If you look at the right column of
19 this page, the top sentence there says, "A
20 related problem that may contribute to the
21 risks outlined above is the disposal of unused
22 prescription medications"; do you see that?

23 A. I see it.

24 Q. Do you agree that the misuse of
25 undisposed prescription medications contributes

1 to the opioid problem in Cuyahoga County?

2 A. Yes.

3 Q. If you look at the last sentence of
4 that paragraph, it says, "Alternatively many
5 people simply leave unused medications in their
6 cupboards or medicine cabinets, which means
7 they are available for misuse by teens or
8 others seeking recreational drugs."

9 If a teenager takes a drug from a
10 medicine cabinet, is that a legitimate medical
11 use of that drug?

12 MR. CIACCIO: Objection to form.

13 MR. RICHARDS: Objection.

14 A. I don't believe so.

15 Q. You can set that document aside.

16 - - - - -

17 (Thereupon, Deposition Exhibit 11,
18 Designated Confidential, June 2010
19 Email Exchange, Beginning with Bates
20 Label CUYAH_012344074, was marked
21 for purposes of identification.)

22 - - - - -

23 Q. I'm showing you what has been
24 marked as Hall Exhibit Number 11. This is a
25 document bearing the Bates stamp

1 CUYAH_012344074 through 076.

2 And you see this is an email chain.
3 If you look at the second page of this
4 document, about halfway down the page, there is
5 an email there from you to Terry Allan. This
6 is dated June 23, 2010, and you say, "I need a
7 resource for disposal of medication in our
8 nursing homes. Can you help?"; is that right?

9 A. That's correct.

10 Q. Do you remember asking Terry Allan
11 about resources for disposal of medications in
12 2010?

13 A. I remember it now.

14 Q. Why were you asking Terry Allan for
15 resources for the disposal of medication in
16 nursing homes in 2010?

17 A. I believe I witnessed a
18 presentation that talked about the disposal --
19 or medications, and they are not being properly
20 disposed of, and I then applied that new
21 knowledge to the nursing home I was in, saying,
22 well, how do you dispose? I mean, are you
23 flushing it, are you -- and I found that they
24 didn't have a plan for how they were disposing
25 of it, so I was trying to establish one.

1 Q. Where did you see that
2 presentation?

3 A. I'm assuming it was at a board of
4 health meeting, but I don't know. I don't
5 remember is the right answer. But I would have
6 called Terry, if I had seen it in conjunction
7 with the board of health, but I don't remember
8 what the meeting was.

9 Q. So you think you may have seen it
10 at a board of health meeting, but you can't
11 remember specifically?

12 A. Because I called Terry.

13 Q. Got it. What kind of medications
14 were you referring to when you say, "I need a
15 resource for disposal of medications"?

16 A. I think it was medications in
17 general.

18 Q. Would that include opioids?

19 A. It would include opioids.

20 Q. So your patients in nursing homes
21 in 2010 included patients who had prescription
22 opioids; is that right?

23 A. I'm sure they did.

24 Q. What about your patients in nursing
25 homes today, do those include patients that

1 have prescriptions for opioids?

2 A. Yes.

3 Q. You work in nursing homes. You
4 also work in your private practice. Is there a
5 difference between nursing home patients and
6 your private practice patients, in terms of the
7 prevalence of opioid prescriptions?

8 A. Yes.

9 Q. What is that difference?

10 A. There is much more in the nursing
11 home.

12 Q. Why is that?

13 A. They have more acute issues, hip
14 replacement, knee replacement, you know,
15 post-orthopedic issues, reasons that you are in
16 the hospital. The nursing home is sort of an
17 overflow for that.

18 Q. And in your private practice, your
19 patient population, are you saying, has fewer
20 such acute problems?

21 A. Yeah. Yes.

22 Q. What is the primary patient
23 population that you see in your private
24 practice?

25 A. In what way, African American?

1 Q. Yes, demographically, generally how
2 would you describe them?

3 A. Male, females, probably 90 percent
4 African American, 10 percent everything else.
5 My oldest patient in the office is probably 92,
6 I have 107-year-old in a nursing home, and I
7 don't see anyone under -- I rarely see people
8 under 18. Sometimes the parents will be a
9 patient, and they will ask me to see a 16 or
10 17-year-old, and I say, if I don't have to deal
11 with the parent, I will see them for some
12 issues, but generally, officially, it is 18 or
13 older, but occasionally I will smooge to a
14 slightly younger age.

15 Q. And nursing home patients, I
16 assume, are predominantly older; is that right?

17 A. Well, unfortunately, no. Well,
18 predominantly older, but University Manner is a
19 psychiatric. They have a significant number of
20 people younger than me, for example. They have
21 a significant -- probably the average age is
22 probably 65 in University Manner, but, you
23 know, in the other facilities, it is, yeah,
24 it's significant, it's geriatric.

25 Q. So turning back to this email, you

1 say you need a resource for disposal of
2 medication in nursing homes, and you say, "No
3 one wants the meds and they want to flush them.
4 I told them no."

5 A. Correct.

6 Q. What is wrong with flushing
7 medications?

8 A. Well, from what I learned at the
9 time, flushing medications was wrong, and it
10 was news to me at that point, because my
11 patients will flush their medication. If they
12 have a bad reaction to a medication, they just
13 run to the bathroom and flush it, and I guess
14 I, naively, did not think that there was a
15 problem with cleansing that water, but
16 apparently there was.

17 Q. If you look at the response, so
18 turning from your email to the email on top of
19 it, Terry Allan says, "Sure, Greg. John can
20 help, I believe."

21 Do you know what John he is
22 referring to there?

23 A. I'm not seeing that. Oh, I see.
24 "Sure. I will talk -- "Sure, Greg, John can
25 help, I believe." No, I don't know who that

1 is.

2 Q. If you look at the bottom of the
3 front page of this document, so the page ending
4 in 074, there is the beginning of a message
5 there from John McLeod to Terry Allan, and then
6 if you turn the page, you are copied on it. Is
7 that the John that Terry Allan was referring
8 to?

9 A. Yeah. I guess it was.

10 Q. Do you know who John McLeod is?

11 A. I know who he was at the time. I
12 can't tell you, but he was a director.

13 Q. He was a director within the
14 Cuyahoga County Board of Health?

15 A. I believe so.

16 Q. What was he the director of?

17 A. He's since gone, so I couldn't tell
18 you.

19 Q. If you look at that email there
20 from John McLeod, it say, "Sure, I will talk
21 with Vince Caraffi tomorrow about options and
22 get back to you both."

23 You mentioned Vince Caraffi earlier
24 today. Who is Vince Caraffi?

25 A. He's a person who presents to the

1 board about the opioid task force.

2 Q. Do you know why John McLeod said
3 that he was going to talk to Vince Caraffi
4 about this disposal of medications issue?

5 A. I think I was more globally
6 discussing disposing medications, and where the
7 disposing medication arose was as it related to
8 opioids. So I believe it moved in that
9 direction.

10 Q. So you were talking generally about
11 disposal of medications, and because -- your
12 understanding is that because Vince Caraffi
13 works on opioid issues, that the disposal of
14 medications issue was relevant to him as well;
15 is that right.

16 A. Correct.

17 Q. Was Vince Caraffi working on
18 opioid-related issues in 2010, when this email
19 exchange occurred?

20 A. I would imagine.

21 Q. If you look at the next email, so
22 you respond, you say, "Thanks." This is
23 working from the bottom up, so on the page
24 ending in 074, the email above that is from
25 John McLeod to you, copying Terry Allan, and

1 John McLeod gives you some information there
2 about the options for disposing of prescription
3 medications; is that right?

4 A. What, the body of it here?

5 Q. Yes.

6 A. Yeah. I haven't read it, but,
7 yeah, I'll take your word for it. Do you want
8 me to read it?

9 Q. Sure.

10 A. Yes.

11 Q. And do you see that at the bottom,
12 the bottom paragraph there, John McLeod
13 mentions that Vince is looking into the
14 possibility of starting a small pilot working
15 with some Cuyahoga County nursing homes through
16 the Lake County program, and he will explore
17 what it will take to initiate the pilot. And
18 then he offers to pass along details if you are
19 interested in participating.

20 A. Uh-huh.

21 Q. And then do you see, at the top of
22 the page, that you respond, saying that you
23 would like to be involved?

24 A. Yes.

25 Q. Did that pilot program, working

1 with Cuyahoga County nursing homes, ever
2 happen?

3 A. Not to my memory.

4 Q. Do you know why or why not?

5 A. No.

6 Q. Was the board of the Cuyahoga
7 County Board of Health ever asked to vote on
8 funding for that kind of program?

9 A. I don't remember. Nothing
10 involving nursing homes. No, I would have
11 remembered that. Not that I remember, but I
12 think I would have remembered.

13 Q. Okay. After you say, "Thanks. I
14 would like to be involved," at the top of the
15 page here, you say, "The DEA does not want the
16 pharmacy involved in destruction of meds."

17 What did you mean by that?

18 A. I don't remember.

19 Q. What was the basis for your
20 understanding that the DEA didn't want the
21 pharmacy involved?

22 A. I don't remember.

23 Q. Turning back, just for a moment, to
24 something you said about your private practice
25 patients, you were talking about their

1 demographics.

2 A. Yes.

3 Q. What is the income level
4 demographic like for your private practice?

5 A. It's probably disproportionately
6 poor.

7 Q. What percentage of your private
8 practice patients are on Medicaid?

9 A. Probably 25 percent.

10 Q. And how does that income level of
11 your private practice patients compare with the
12 income level of your patients in nursing homes?

13 A. It is probably more Medicaid
14 patients in the nursing home. So it's probably
15 lower.

16 Q. We talked a little bit about
17 disposal of prescription medications. Do you
18 agree that -- and I believe that earlier today
19 you agreed that misuse of undisposed
20 medications contributes to the problem with
21 opioids in Cuyahoga County; is that right?

22 A. Yes, I agree to that.

23 Q. What are some of the other factors
24 that contribute to the problem with
25 prescription -- sorry.

1 What are some of the other problems
2 that contribute to the problem with opioids in
3 Cuyahoga County?

4 A. I mean, I guess, certain
5 demographics of the patients, like psychiatric
6 problems tend to contribute to increased levels
7 of abuse, depression, bipolar, schizophrenia.

8 I think, as you may have suggested,
9 that the heroin overdoses in people who are
10 drug addicts, that's not prescriptions,
11 contributes to it.

12 Q. Would you say that the issues
13 surrounding illicit opioids, such as heroin,
14 contribute significantly to the problem with
15 opioids?

16 A. I would say so, but I don't have
17 any direct knowledge of that but, yes, I would
18 say so.

19 Q. When did you first learn you were
20 going to be deposed in this matter?

21 A. I didn't mark it, but it's been a
22 while. I didn't mark it on the calendar. It's
23 been --

24 Q. Ballpark?

25 A. September, August.

1 Q. A couple months ago?

2 A. Yeah. More than a couple months
3 ago, yes.

4 Q. And how did you learn that you were
5 going to be deposed in this matter?

6 MR. RICHARDS: Object to the extent
7 that it calls for any attorney-client
8 discussions you would have had.

9 Q. Yeah. And don't tell me about the
10 content of your conversations with counsel.

11 A. I received a subpoena. That's how
12 I learned, I was subpoenaed.

13 Q. Did you do anything to prepare for
14 today's deposition?

15 A. No. And it showed.

16 Q. No, you're doing great.
17 Did you meet with anyone in
18 preparation for today's deposition?

19 A. I met with the gentleman to my
20 left.

21 Q. And that is?

22 MR. RICHARDS: Let the record
23 reflect he is referring to me.

24 MR. SCHUTTE: Not Dr. Wang.

25 Q. So this time, you met with this

1 gentleman on your left who is Mr. Richards this
2 time, not Mr. Wang?

3 A. Correct.

4 Q. And when did you meet with
5 Mr. Richards?

6 A. Yesterday.

7 Q. How long did you meet with him for?

8 A. It was probably about an hour and a
9 half.

10 Q. Did you meet with him in person or
11 on the phone?

12 A. In person.

13 Q. Other than that one meeting, did
14 you talk with anybody else to prepare for
15 today's deposition?

16 A. No.

17 Q. And was anybody else present during
18 your conversation with Mr. Richards yesterday?

19 A. No.

20 Q. Did you review any documents as
21 part of your preparation for today's
22 deposition?

23 A. No.

24 Q. Were you ever asked to preserve and
25 not throw away or delete documents that could

1 be related to this litigation?

2 A. No.

3 Q. Preparing for your deposition
4 today, did you review the complaint in this
5 lawsuit?

6 A. No.

7 Q. Have you ever read the complaint in
8 this lawsuit?

9 A. No. I saw 60 Minutes on Sunday.
10 That's really the extent of my knowledge of
11 this.

12 Q. What did you see on 60 Minutes on
13 Sunday?

14 A. The segment on -- I can't even say
15 what the segment was called, but I saw this
16 segment on 60 Minutes.

17 Q. And what was that segment about?

18 A. It was about the persons that were
19 suing the people, the pharmaceuticals and
20 distribution companies.

21 Q. When did you see this segment?

22 A. I saw it Monday.

23 Q. And it was aired on Sunday --

24 A. Correct.

25 Q. -- meaning this past Sunday; is

1 that right?

2 A. Correct.

3 Q. Have you reviewed any pleadings
4 filed by the lawyers in this lawsuit?

5 A. No.

6 Q. Have you reviewed any deposition
7 testimony in this lawsuit?

8 A. No.

9 Q. When did you first hear about this
10 lawsuit?

11 A. I can't say for sure. I mean,
12 certainly earlier in this year, earlier than
13 when I was subpoenaed.

14 Q. Okay. So when you were subpoenaed,
15 you had already heard about this lawsuit?

16 A. I had.

17 Q. How did you first hear about this
18 lawsuit?

19 MR. RICHARDS: I'm going to again
20 object and instruct you not to answer, to the
21 extent that it involves any attorney-client
22 communications you may have had.

23 Q. So without getting into
24 attorney-client communications.

25 A. Right. I think it just came on my

1 radar, in a very mild way. Because I'm a
2 physician that sees patients with pain, and I
3 have had to argue with them, explaining why it
4 is more difficult for them to get medication.

5 And so whenever there is an
6 article, I try to make it available to the
7 patients, to say, it's not just me not giving
8 you pain medicine, there is a thing that's
9 going on. So it's a significant amount of time
10 in the practice explaining.

11 Q. So you sometimes have patients who
12 are asking for a prescription for opioids, you,
13 in your assessment of risks and benefits, don't
14 want to give one; is that right?

15 A. Correct.

16 Q. And you might tell them about
17 broader issues in the community around opioid
18 use?

19 A. Correct.

20 Q. Did you hear about this lawsuit in
21 the news?

22 A. Probably. I mean, I don't watch
23 the news, but on the internet, yeah.

24 Q. Did you ever hear about this
25 lawsuit in the context of a board meeting with

1 the Cuyahoga County Board of Health?

2 A. A public meeting, no.

3 Q. How about in a nonpublic meeting?

4 A. The nonpublic meetings, there was
5 an attorney present.

6 Q. Okay. So you heard about it in a
7 nonpublic meeting, in which there was an
8 attorney present?

9 A. Correct.

10 Q. I won't ask you about the content
11 of that conversation, since there was an
12 attorney present, but do you remember when that
13 meeting was?

14 A. No.

15 Q. Was it within the past six months?

16 A. Yes.

17 Q. Was it within the past four months?

18 A. Well, there was certainly
19 discussion after we got the subpoena, so I
20 don't know the date for the subpoena, but there
21 was absolutely a discussion about the subpoena
22 that everyone was interested in discussing, and
23 it was with the attorney.

24 So, I mean, whenever I received the
25 subpoena, the following meeting there was a

1 discussion.

2 Q. Did you ever hear about this
3 lawsuit in a board meeting prior to receiving
4 the subpoena?

5 A. I might have.

6 Q. But you are not sure?

7 A. I'm not sure.

8 Q. Has the board ever voted on whether
9 to participate in this lawsuit?

10 A. No. We never voted on it.

11 Q. Has that topic ever been discussed
12 at board meetings?

13 MR. CIACCIO: Objection to form.

14 MR. RICHARDS: I'm going to object
15 as well. In the event that there were any such
16 discussions, if they involved communications
17 with counsel, I'll instruct you not to answer
18 said questions.

19 Q. Setting aside communications with
20 counsel.

21 A. No.

22 Q. If there had been a vote taken,
23 would that have been reflected in board meeting
24 minutes?

25 A. Yes.

1 Q. Do you know what this lawsuit is
2 about?

3 A. Not enough to discuss it.

4 Q. What do you know about what this
5 lawsuit is about, in a few words?

6 A. That would be discussing it. You
7 know, what I learned from the 60 Minutes thing
8 is not what I perceived it to be, so I'm really
9 bad.

10 Q. When you say what you learned from
11 the 60 Minutes thing was not what you perceived
12 it to be, what do you mean by that?

13 A. I think that in some areas, the
14 problem was way worse than in my area.

15 Q. When you say the problem, do you
16 mean the problem with opioid use?

17 A. The problem I was talking about was
18 opioid distribution, was what I learned was --
19 it may or may not be accurate -- I'm just
20 saying what alarmed me was the opioid
21 distribution part of that episode.

22 Q. Aside from what you saw in that 60
23 Minutes episode, do you have any familiarity
24 with the role of distributors in the
25 pharmaceutical supply chain?

1 A. None, zero, less than zero.

2 Q. Do you know who the plaintiff in
3 this lawsuit is?

4 A. No.

5 Q. Do you know who the defendants are?

6 A. No.

7 Q. Do you know if the county is a
8 party to this lawsuit?

9 A. The county?

10 Q. Cuyahoga County.

11 A. I think they are. I don't know.
12 No, I don't know.

13 Q. Is the Cuyahoga County Board of
14 Health a party to this lawsuit?

15 A. No.

16 Q. Even if you don't know the names of
17 specific defendants, do you know what category
18 the defendants in this lawsuit fall into?

19 A. Category, in the sense that
20 pharmaceutical companies.

21 Q. And how are you defining
22 pharmaceutical companies?

23 A. A company that makes
24 pharmaceuticals.

25 Q. Do you know if the Cuyahoga County

1 Board of Health is seeking any damages in this
2 lawsuit?

3 A. Yes, I do. No, they are not.

4 Q. I appreciate that very clear
5 answer. The peril of "do you know questions."

6 Are you familiar with -- strike
7 that.

8 Aside from meetings with lawyers,
9 which you can't tell me about, have you spoken
10 with anyone about this lawsuit?

11 A. No.

12 Q. Have you had any dealings with
13 Cardinal Health?

14 A. I don't believe so, but I don't
15 know what Cardinal Health does, at my level, as
16 a physician.

17 Q. Have you spoken or communicated
18 with anyone at Cardinal Health?

19 A. I don't -- I doubt it. I mean, I
20 have not spoken with anyone that said, "I'm
21 calling from Cardinal Health." No.

22 Q. So not that you are aware of?

23 A. Right.

24 Q. Have you had any dealings with
25 McKesson Corporation?

1 A. Yes. My medical supplies company
2 is McKesson.

3 Q. And when you say medical supplies,
4 what are you referring to?

5 A. Like gowns, you know, paper gowns,
6 cotton balls, supplies, bandages.

7 Q. What about, when you say medical
8 supplies, does that include any medications?

9 A. I'm sure I have brought antibiotics
10 and the IM antibiotics or TB time tests, skin
11 tests to check for tuberculosis.

12 Q. When you say medical supplies, does
13 that include prescription opioids?

14 A. No.

15 Q. So since McKesson Corporation
16 supplies your medical supplies, I
17 assume -- well, let me just ask. Have you
18 spoken or communicated with anyone at McKesson
19 Corporation?

20 A. No. I just send the money every
21 month.

22 Q. Have you had any dealings with
23 AmerisourceBergen Corporation?

24 A. Not that I'm aware of.

25 Q. Have you spoken or communicated

1 with anyone at AmerisourceBergen Corporation?

2 A. No.

3 MS. JAZIEWICZ: I have no further
4 questions. I'm going to pass the mic.

5 MS. FEINSTEIN: Does anyone need to
6 take a quick break while we switch?

7 THE WITNESS: No.

8 EXAMINATION OF GREGORY L. HALL, M.D.

9 BY MS. FEINSTEIN:

10 Q. Good afternoon, Dr. Hall.

11 A. Good afternoon.

12 Q. I'll reintroduce myself. My name
13 is Wendy West Feinstein, I'm with Morgan Lewis,
14 and I represent several defendants in this
15 lawsuit, which we have, kind of, called the
16 Teva defendants. They are all related to one
17 another through corporate transactions.

18 Teva is a manufacturer of
19 pharmaceuticals. Before today, have you heard
20 of Teva?

21 A. No.

22 Q. Do you know what Teva manufactures?

23 A. No.

24 Q. I'm going to apologize up front, if
25 I skip around a bit, because I'm going to try

1 to be efficient and not cover too many of the
2 questions that my colleague went through
3 earlier today with you, but I do have a few
4 follow-ups from the perspective of the
5 manufacturers, okay?

6 A. I appreciate it.

7 Q. Before today, you had not heard of
8 Teva, correct?

9 A. I have not.

10 Q. And you're not aware of what Teva
11 manufacturers?

12 A. I'm not aware what they
13 manufacture, correct.

14 Q. And I believe you responded earlier
15 that you're not aware of who all the defendants
16 are in this lawsuit?

17 A. I am not.

18 Q. And counsel asked you earlier
19 whether you had reviewed the complaint to
20 prepare for your deposition; do you recall
21 that?

22 A. I do.

23 Q. At any point in time, have you
24 reviewed the complaint in this litigation?

25 A. I did not.

1 Q. You mentioned that you had seen the
2 60 Minutes piece and you watched it on Monday?

3 A. Uh-huh.

4 Q. Did you watch it because of your
5 deposition?

6 A. I watched it because a deposition
7 was on my schedule for Wednesday. I wasn't
8 sure it was going to happen, so I did not add
9 it to my schedule, and on Monday, I was told
10 that the deposition looked like it was going to
11 happen, so I told my assistant that I was going
12 to the deposition, and it says opioid
13 deposition, so I'd know what it was.

14 And she sent that tape, said it was
15 on 60 Minutes, and she sent the tape. We had
16 no discussion, she saw that, and she sent it to
17 me.

18 Q. She didn't talk to you at all about
19 the story though?

20 A. No.

21 Q. Had you, before learning of the
22 story on 60 Minutes from your assistant, had
23 you heard of it before?

24 A. I had heard of it, yes.

25 Q. Just a few moments ago, you

1 mentioned that your perception of the lawsuit
2 before the 60 Minutes piece was different than
3 after you saw the 60 Minutes?

4 A. It was amended, yea.

5 Q. Can you please tell us what you
6 thought the lawsuit was about before you saw
7 the 60 Minutes piece?

8 A. I thought it was about -- well, I
9 thought it was about the fact that physicians
10 were marketed to significantly by some of the
11 pharmaceutical companies that made pain meds,
12 and there were a number of initiatives at the
13 hospital, in terms of pain being a vital sign,
14 and that really we were getting beat up about
15 undertreating pain.

16 So that was a big quality issue
17 across insurance companies, the hospital,
18 everywhere, from a medical standpoint. And so
19 we were being marketed to significantly about
20 increasing our use of pain medicine for chronic
21 pain, arthritic pain, things that we didn't
22 significantly -- so my perception was that the
23 suit was sort of in retaliation to that
24 overmarketing, let me put it that way.

25 Q. The marketing that you just

1 described, who, from your perspective, who was
2 engaging in that marketing?

3 A. From my perspective, everyone in a
4 leadership position. The hospital really
5 pushed it, and I sort of take the lead from the
6 hospital.

7 Q. Did you -- strike that.

8 Have you ever seen any marketing
9 from a manufacturer of a prescription opioid?

10 A. Yes.

11 Q. When did you see that?

12 A. A lot.

13 Q. When, can you give me a timeframe?

14 A. Before 2010, I mean, yeah. I mean,
15 once they started the pain being undertreated,
16 all we had was, you know, things that had
17 smiley faces on it or frown faces.

18 I mean, there was a lot of
19 marketing that was educating providers about
20 the appropriate treatment of pain.

21 Q. Is it your understanding that those
22 materials were prepared by manufacturers of
23 prescription opioids?

24 A. It was my understanding, yes.

25 Q. Do you know what manufacturers of

1 prescription opioids provided those materials
2 to you?

3 A. No. Not in particular, no.

4 Q. Was there anything in those
5 materials that you reviewed that you thought
6 was inaccurate?

7 A. I've already testified I'm not a
8 expert in any of this, so my sense was it was a
9 little over the top, but I didn't say anything.
10 So, I mean, so I accepted it as standard of
11 care.

12 Q. Do you have any recollection of
13 what you viewed was over the top?

14 A. I felt that --

15 MR. RICHARDS: I just want to put
16 an objection on the record, counsel. I think
17 you are getting into expert testimony area
18 right now.

19 This witness hasn't been
20 identified, not to the best of my knowledge, as
21 an expert witness, he certainly isn't being
22 compensated as an expert witness, and I object
23 to asking him expert opinions along the lines
24 that you are going down.

25 MS. FEINSTEIN: Thank you, counsel.

1 Q. And I'll note for the record that
2 these questions are certainly by no means
3 asking for any sort of expert opinion, just
4 what you perceived in your personal
5 observations that you mentioned regarding
6 marketing materials. So I'm not asking for you
7 to give me any sort of expert opinion, just
8 your perception of what you saw.

9 So with that, can you answer the
10 question.

11 A. Can you repeat the question.

12 Q. Sure.

13 MS. FEINSTEIN: Could you read it
14 back, please?

15 THE NOTARY: Question: "Do you
16 have any recollection of what you viewed was
17 over the top?"

18 A. No.

19 Q. You mentioned that there were
20 smiley faces and frown faces. Were those faces
21 on marketing materials that you received?

22 A. They were on patient educational
23 materials that I received from marketers, as a
24 way to -- for the patients with varying
25 educational backgrounds to describe their level

1 of pain.

2 Q. And those were before 2010, you
3 thought?

4 A. I feel like they were, yes.

5 Q. The marketers, do you recall from
6 what companies those marketers came?

7 A. No.

8 Q. Were they affiliated with the
9 hospital?

10 A. No. Well, I can't say. I doubt
11 it.

12 Q. And you don't know whether they
13 were affiliated with any manufacturer of
14 prescription opioids?

15 A. Absolutely not, no.

16 Q. Other than the materials to assess
17 pain, do you recall receiving any other
18 marketing materials regarding prescription
19 opioids?

20 A. Not that I could be specific about.

21 Q. You mentioned just a few moments
22 ago that your perception was about the, sort
23 of, overmarketing of prescription opioids. Did
24 I hear that correctly?

25 A. Yes.

1 Q. And what do you mean by that, the
2 overmarketing of prescription opioids?

3 A. I felt that the emphasis that was
4 put on using the opioids was mildly excessive.

5 Q. From what source were you receiving
6 that emphasis on using opioids?

7 A. I have no idea. Well, I can tell
8 you it was multiple sources, but I can't
9 identify them.

10 Q. You mentioned that in the hospital
11 setting, and please correct me if I'm
12 misstating anything, because any notes are very
13 sketchy, but I thought you mentioned that in
14 the hospital setting physicians were being
15 taught that pain should be considered a vital
16 sign; is that right?

17 A. Correct.

18 Q. And do you know from what source
19 that information was coming?

20 A. Well, it was presented as if it was
21 a Joint Commission. It was oversight for
22 hospitals with a Joint Commission standard, a
23 gold standard, sort of.

24 Q. Do you know whether any
25 pharmaceutical manufacturer provided

1 information to you, as a physician, that pain
2 should be considered a vital sign?

3 A. Not to that specifics, no.

4 Q. Do you recall seeing any marketing
5 materials regarding prescription opioids that
6 you can associate directly with a manufacturer
7 of a prescription opioid?

8 A. I can't, no.

9 Q. Do you recall seeing any
10 direct-to-consumer marketing of prescription
11 opioids?

12 A. No.

13 Q. In Ohio, can a patient get a
14 prescription opioid without going to a
15 physician?

16 A. Well, a provider, no.

17 Q. So a healthcare provider that can
18 write a prescription?

19 A. Correct.

20 Q. So just to make sure that we are
21 clear on the record, in Ohio, it is not lawful
22 for a patient to get a prescription opioid,
23 except through someone authorized in Ohio to
24 write a prescription?

25 A. That's correct.

1 Q. You are aware that prescription
2 opioids are regulated by the Food and Drug
3 Administration, correct?

4 A. Well, I believe -- the DEA, is that
5 under the Food and Drug Administration?

6 Q. Are you aware that prescription
7 opioids are approved for --

8 A. Oh, yeah, yeah. I see what you're
9 saying.

10 Q. -- marketing in the U.S. by the
11 Food and Drug Administration?

12 A. Yes, yes, yes. I see what you're
13 saying, yes. I wasn't thinking that way, but,
14 yes.

15 Q. Do you know whether the FDA, the
16 Food and Drug Administration, also regulates
17 the marketing of prescription opioids?

18 A. No, I don't know.

19 Q. I asked you briefly about Teva, my
20 clients. I'm going to ask you about some other
21 manufacturers of prescription opioids to see
22 whether you are familiar with them.

23 Have you ever heard of Actavis?

24 A. No.

25 Q. Have you ever heard of Allergan?

1 A. Allergan, I feel like I have seen
2 that in a magazine somewhere.

3 Q. Do you know whether Allergan
4 manufactures prescription opioids?

5 A. No.

6 Q. Have you ever heard of Cephalon?

7 A. I have heard of Cephalon, and, no,
8 I don't know whether they make that.

9 Q. In what context of have you heard
10 of Cephalon?

11 A. I think I just saw it in a
12 magazine. The Journal, I should say.

13 Q. Have you heard of Endo?

14 A. No.

15 Q. Have you heard of Insys?

16 A. No.

17 Q. Have you heard of Janssen?

18 A. Yes.

19 Q. In what context have you heard of
20 Janssen?

21 A. Same thing, journal ads and maybe
22 TV.

23 Q. Do you know whether Janssen
24 manufactures prescription opioids?

25 A. If I had to say yes or no, I would

1 think that they did.

2 Q. Do you know which prescription
3 opioid?

4 A. No.

5 Q. Have you ever heard of Johnson &
6 Johnson?

7 A. Yes.

8 Q. Do you know whether Johnson &
9 Johnson manufactures prescription opioids?

10 A. No, I don't know.

11 Q. Have you heard of Mallinckrodt?

12 A. No.

13 Q. Have you heard of Purdue?

14 A. Yes.

15 Q. Do you know whether Purdue
16 manufactures prescription opioids?

17 A. I think they do.

18 Q. Do you know what prescription
19 opioids?

20 A. No.

21 Q. Have you ever heard of Watson Labs?

22 A. No.

23 Q. Have you ever heard of Par
24 Pharmaceutical?

25 A. No.

1 Q. How about Spec Rx?

2 A. No.

3 Q. Do you know, getting back to the
4 marketing point, do you know whether -- strike
5 that.

6 Have you ever written a
7 prescription for prescription opioids due to
8 pharmaceutical marketing?

9 A. I believe I have.

10 Q. In what circumstance did you write
11 that prescription, without getting into any
12 patient specifics, but what about the marketing
13 prompted that prescription opioid?

14 A. I believe that there was, you know,
15 a suggestion that here is what the types of
16 patients that might not be receiving the pain
17 treatment, here is what they look like, you
18 know.

19 So it's, a lot of times, I need
20 something granular like that to say who is
21 specific for this, and who aren't you treating,
22 and so I think I feel like that -- I mean,
23 obviously it's my decision, I take
24 responsibility for that, but I believe that
25 that educated me, in a way.

1 Q. So to make sure I'm understanding,
2 you learned, from a marketing piece, how to
3 recognize signs of pain in a patient that may
4 not be adequately treated?

5 A. Correct.

6 Q. And, therefore, you evaluated the
7 patient and determined that perhaps an opioid
8 would be an appropriate pain medication?

9 A. Option, correct.

10 Q. Do you know whether that
11 information that you just told us about came
12 from a pharmaceutical company?

13 A. It came from a pharmaceutical rep.

14 Q. Do you know from what company that
15 rep --

16 A. No.

17 Q. Have you ever been visited by a rep
18 of any of the companies I just asked you about
19 a moment ago?

20 A. I imagine so, yes.

21 Q. Do you know what companies who
22 manufacture prescription opioids have detailed
23 you through their reps?

24 A. No.

25 Q. Have you ever met with a rep from

1 Cephalon?

2 A. I don't really remember them that
3 way, so it would be related to the specific
4 brand name.

5 Q. Have you ever prescribed Actiq?

6 A. No.

7 Q. Have you ever prescribed Fentora?

8 A. No.

9 Q. Have you prescribed OxyContin?

10 A. Yes.

11 Q. Do you recall whether you were
12 visited by any reps for OxyContin?

13 A. Yes.

14 Q. Those reps that visited -- strike
15 that.

16 The reps who visited you for
17 OxyContin, did they act professionally in your
18 presence?

19 A. Yes.

20 Q. Was it your impression of your
21 interactions with them that they were providing
22 you accurate information?

23 A. Yes.

24 Q. Have you ever prescribed oxycodone?

25 A. Yes.

1 Q. Have you been visited by any reps
2 regarding oxycodone?

3 A. Well, not in that form, but more in
4 the form of Vicodin and Percocet and things
5 like that.

6 Q. And have you been visited by reps
7 specifically with respect to Vicodin?

8 A. Yes.

9 Q. Were the reps that visited with you
10 with respect to Vicodin, did they act in a
11 professional and courteous manner?

12 A. Yes, they did.

13 Q. Was it your understanding that the
14 information that they provided to you was
15 accurate?

16 A. Yes.

17 Q. Were you visited by detail reps
18 with respect to Percocet?

19 A. Yes.

20 Q. And was it --

21 A. They were professional, and I felt
22 like what they were telling me was accurate.

23 Q. Excellent. Have you been visited
24 by reps for any other prescription opioid that
25 you can recall?

1 A. Yes.

2 Q. What other prescription opioids?

3 A. Fentanyl patch.

4 Q. And how was your interaction with
5 the rep for the fentanyl patch?

6 A. It was very professional, and I
7 thought the information was accurate.

8 Q. Do you know from what company that
9 person came?

10 A. No.

11 Q. Any other prescription opioids?

12 A. Yes, but I can't recall the
13 specifics.

14 Q. At any point in time, regarding any
15 prescription opioid, have you had what you
16 would characterize as a negative experience
17 with a detail representative from that company?

18 A. No.

19 Q. At any point in time, did you feel
20 as though a representative of any prescription
21 opioid manufacturer provided you inaccurate
22 information?

23 A. No.

24 Q. Other than helping you -- strike
25 that.

1 Other than providing information to
2 help identify patients who may be suffering
3 from pain that is inadequately treated, have
4 you written prescriptions based on what you
5 perceive to be marketing regarding prescription
6 opioids?

7 MR. CIACCIO: Objection to form.

8 A. I really write prescriptions based
9 on education, and I'm open to get education
10 from a number of venues, some of the time it's
11 a marketer from a specific device, can find the
12 good, the bad side effects. So I don't
13 discriminate against marketing, and I'm able to
14 analyze their information and their pros and
15 cons and the patient outcomes as well.

16 Q. What are some of the other sources
17 of information for you about pros and cons of
18 prescription medications?

19 A. It's been so long. I mean, the
20 pharmacists.

21 Q. Do you read the prescribing
22 information that comes with prescription
23 medication?

24 A. In the form that we get on the app
25 on the phone, Hippocrates, we will see side

1 effects and contraindications and things of
2 that nature.

3 Q. Hippocrates is an online source of
4 the FDA-approved prescribing information?

5 A. Yes.

6 Q. Does Hippocrates include what are
7 called black box warnings?

8 A. Yes.

9 Q. Have you ever reviewed the black
10 box warnings on prescription opioids?

11 A. Yes.

12 Q. Is addiction one of the things
13 that's warned about in the black box?

14 A. Absolutely.

15 Q. For how long have you known about
16 the addictive properties of prescription
17 opioids?

18 A. Well, I mean, I think that as time
19 has passed, the sense of the addictive quality
20 of it has significantly ramped up. So
21 OxyContin, for example, was marketed initially
22 as really not a danger for addiction, and then
23 that was amended. So it's a matter of when
24 that was.

25 Q. When did you first learn of the

1 addictive properties of prescription opioids?

2 A. I think it was with the patients,
3 when I would try to stop it, and then they
4 would really try to get me to continue to write
5 it.

6 Q. Did you learn about the addictive
7 properties of opioids in medical school?

8 A. Yes.

9 Q. Are you aware of any medically
10 unnecessary prescriptions that were written for
11 patients due to marketing by pharmaceutical
12 companies?

13 MR. RICHARDS: Objection. Wait.
14 Are you asking him in the whole world, or what
15 are you --

16 Q. In Cuyahoga County, we will limit
17 it to Cuyahoga County, are you aware of any
18 prescriptions?

19 A. Say it again now.

20 Q. In Cuyahoga County, are you aware
21 of any prescriptions that have been -- any
22 medically unnecessary prescriptions that have
23 been written due to pharmaceutical marketing?

24 A. If we took today's guidelines for
25 writing opioids, most of the prescriptions that

1 I wrote in 2010 would be what you are saying.

2 So the guidelines changed. So I
3 was following the guidelines, I believed I was
4 following the guidelines at the time, but if
5 you applied those guidelines, there would be a
6 lot of medically necessary prescriptions.

7 Q. Have you written medically
8 unnecessary prescriptions?

9 A. Apparently I have, if you use
10 today's standards on what I did in the past.

11 Q. What standards are you referring
12 to?

13 A. The standards of treating chronic
14 pain, for example, chronic back pain, chronic
15 arthritis with opioids, I did that, and now
16 that's contraindicated.

17 Q. At the time --

18 MR. RICHARDS: Objection. I think
19 she is asking you about at the time you
20 prescribed them.

21 A. Oh, I wouldn't prescribe anything
22 that was not necessary.

23 MS. FEINSTEIN: Thank you, counsel,
24 that's exactly --

25 A. But I was making a point that --

1 you know what I'm saying.

2 Q. Yes, understood. So under current
3 guidelines, your prescription -- your
4 prescriptions are consistent with current
5 guidelines --

6 A. Absolutely.

7 Q. -- is that correct?

8 A. Absolutely. Overly consistent with
9 them.

10 Q. And so you have changed your
11 prescribing habits as the guidelines have
12 changed?

13 A. Yes, ma'am.

14 Q. At any point in time, doctor, in
15 Cuyahoga County, have you been aware of any
16 prescriptions being written that were
17 inconsistent with prescribing guidelines and
18 medically unnecessary, but resulted from
19 pharmaceutical marketing?

20 MR. CIACCIO: Objection.

21 MR. RICHARDS: Objection.

22 A. Yeah. That's too complicated a
23 question.

24 Q. Are you aware of, in Cuyahoga
25 County, prescriptions that were written that

1 were medically unnecessary but were written due
2 to pharmaceutical marketing?

3 MR. RICHARDS: I'm going to object
4 here. I think you are getting deeply into
5 expert testimony now, and I also think that
6 that is such a broad question it is impossible
7 to answer. Are you asking anecdotally,
8 firsthand knowledge? I mean, that's a very
9 complicated question.

10 Q. In your capacity --

11 A. The answer is no.

12 Q. Thank you. Thank you.

13 Have you ever reported any
14 pharmaceutical marketing to the FDA?

15 A. No.

16 Q. You mentioned earlier that you
17 received information regarding prescribing
18 guidelines from the Ohio Medical Board; is that
19 right?

20 A. Yes.

21 Q. Do you receive prescribing
22 guidelines from any other source?

23 A. Not that I review.

24 Q. You are licensed to practice
25 medicine in the State of Ohio?

1 A. Yes.

2 Q. Are you aware licensed in any other
3 state?

4 A. No.

5 Q. Do you know whether Mr. Caraffi is
6 a physician?

7 A. No. I suspect he's not.

8 Q. Other than the medical director of
9 the Cuyahoga County Board of Health, are there
10 any medical doctors or physicians who are staff
11 members of the Cuyahoga County Board of Health?

12 A. Not staff members.

13 Q. Any independent contractors of the
14 Cuyahoga County --

15 A. I believe we do have an independent
16 contractor that helps us, travel medicine,
17 travel.

18 Q. Are there any physicians that you
19 know of working with the Cuyahoga County Board
20 of Health on opioid issues?

21 A. Not that I know of.

22 Q. Do you have a CCBH.net email
23 address?

24 A. No.

25 Q. So I asked you a little bit

1 earlier, before the 60 Minutes piece, what your
2 understanding of the litigation was. What is
3 your understanding of the litigation now that
4 you have seen the 60 Minutes piece?

5 A. Other than it's really, it's
6 going -- I don't want to say that.

7 It's going to be a big mess.

8 Q. What did you learn in the 60
9 Minutes piece that affected your understanding
10 of the litigation?

11 A. Not much. It just broadened my
12 concept of the entire thing with the
13 distribution. I just didn't -- I didn't -- I
14 wasn't aware of that aspect of it, if it's
15 accurate.

16 Q. After you saw the 60 Minutes piece,
17 did you discuss it with anyone?

18 A. No.

19 Q. Have you discussed your deposition
20 with any of the other board members of the
21 Cuyahoga County Board of Health?

22 A. No. And I wanted to call Dr.
23 Heidi, but I didn't. I knew better, but I --

24 MR. RICHARDS: Can we take a
25 five-minute break?

1 MS. FEINSTEIN: Sure.

2 THE VIDEOGRAPHER: Off the record
3 at 2:49.

4 (Recess taken.)

5 THE VIDEOGRAPHER: On the record,
6 3:01.

7 Q. Thank you. Doctor, does the
8 Cuyahoga County Board of Health have an
9 epidemiology group?

10 A. Yes.

11 Q. Who is in that group?

12 A. I don't know specifically. There
13 is a Kippes, I believe is over the group,
14 Chris.

15 Q. Do you know whether the
16 epidemiology group is doing any work with
17 respect to opioids?

18 A. No.

19 Q. Has the epidemiology group prepared
20 any reports for the board regarding substance
21 abuse?

22 A. None I remember.

23 Q. Do you know whether the Cuyahoga
24 County Board of Health has something called the
25 Heroin Campaign?

1 A. No.

2 Q. Have you ever heard the phrase
3 Heroin Campaign?

4 A. No.

5 Q. You are aware -- strike that.
6 Earlier this morning, I believe,
7 you mentioned that heroin is an illicit opioid;
8 is that right?

9 A. Correct.

10 Q. You also mentioned fentanyl this
11 morning?

12 A. Correct.

13 Q. Then this afternoon, during some of
14 my questions, you mentioned a fentanyl patch,
15 right?

16 A. Correct.

17 Q. Is it your understanding that
18 fentanyl, there is a prescription form of
19 fentanyl?

20 A. Yes.

21 Q. And then there is an illicit
22 fentanyl; is that right?

23 A. Yes.

24 Q. In your experience -- strike that.
25 In your work on the board of health

1 and in the information that you have received
2 regarding the opioid problem in Cuyahoga
3 County, have you made a distinction between
4 illicit opioids and prescription opioids?

5 A. I mean, yeah, I believe there is a
6 distinction between the illicit opioids and the
7 prescription opioids, yes.

8 Q. What is that distinction, in your
9 mind?

10 A. The prescription ones are by
11 prescription, illicit ones are not.

12 Q. As relates to the opioid problem in
13 Cuyahoga County, is there a distinctions?

14 A. Well, there are reported higher
15 fatalities from overdoses from the illicit
16 fentanyl.

17 Q. From where does the board of health
18 get information regarding the overdose -- the
19 overdoses in Cuyahoga County?

20 A. I think it's in conjunction with
21 the coroner.

22 Q. Does the coroner prepare -- strike
23 that.

24 Does the coroner present to the
25 board of health its findings?

1 A. He does not.

2 Q. Have you ever been to a
3 presentation conducted by the coroner's office
4 related to opioid overdoses?

5 A. No.

6 Q. Have you ever seen any of those
7 PowerPoint?

8 A. I don't believe so.

9 Q. Have you ever heard of the risk
10 evaluation and mitigation strategies related to
11 controlled substances?

12 A. I might have heard the title. I
13 know nothing beyond that.

14 Q. Sometimes abbreviated as REMS,
15 R-E-M-S?

16 A. No.

17 Q. Have you ever heard of the TIRF
18 REMS program?

19 A. No.

20 Q. And I take it then, because you
21 have never heard of the TIRF REMS program, you
22 have not prescribed medications that are
23 subject to the TIRF REMS program?

24 A. I don't know.

25 Q. Earlier this afternoon, you

1 mentioned that you have been having more
2 conversations with your patients about
3 difficulty in obtaining opioid medications for
4 their pain relief?

5 A. Not more recently, but in the
6 recent past, within -- yeah, in the past I have
7 had increased conversations. Now they have
8 tapered off because we have all had them.

9 Q. When you were having those
10 conversations, without disclosing anything
11 specific about your patients, can you tell us
12 generally what those conversations were?

13 MR. RICHARDS: I'll object, to the
14 to the extent that it asks physician-patient
15 information.

16 If there is a way you can answer
17 that without getting into physician-patient
18 communications, I'll leave that to you.

19 A. I generally talk about the changing
20 of the rules, as it were, related to
21 prescribing and dispensing pain medications,
22 and that it is an evolving process.

23 Q. Have you found yourself referring
24 patients to pain management clinics?

25 A. Yes.

1 MS. FEINSTEIN: I'm just going to
2 flip through my notes, doctor, and I think I'm
3 done, and I will pass the baton to one of my
4 colleagues.

5 Thank you, doctor. I have nothing
6 further for you at this time.

7 THE WITNESS: Thank you.

8 EXAMINATION OF GREGORY L. HALL, M.D.

9 BY MR. SCHUTTE:

10 Q. Good afternoon, Dr. Hall. My name
11 is Scott Schutte, I represent Rite Aid, and I
12 just have a few questions for you.

13 Are you aware, as you sit here
14 today, that Rite Aid, Walgreens, Walmart and
15 CVS are defendants in this lawsuit?

16 A. No.

17 Q. Do you have any knowledge as to why
18 Walgreens, Walmart, Rite Aid or CVS would be a
19 defendant in this lawsuit?

20 A. Not really.

21 Q. Do you recall, when you watched the
22 60 Minutes piece the other night, whether any
23 of those four entities were mentioned?

24 A. I don't recall.

25 Q. Ms. Feinstein asked you a question

1 earlier about other sources where you learned
2 the pros and cons of prescription drugs, and
3 you mentioned pharmacists. Have you ever
4 spoken with a pharmacist about the pros and
5 cons of prescribing opioids?

6 A. I'm sure I have.

7 Q. Under what sort of circumstances?

8 A. Usually when one formulation wasn't
9 available, and I would want to go to an
10 equivalent of something that I wasn't familiar
11 with, that might have been on the formulary for
12 their insurance.

13 Q. In those discussions, did you
14 consider what the pharmacist was telling you to
15 be marketing?

16 A. No.

17 Q. Do you recall ever having any
18 discussions with any pharmacists from
19 Walgreens, Walmart, CVS or Rite Aid about
20 prescribing opioids?

21 A. I don't recall, but I would imagine
22 there was. I mean, you know, there are issues
23 in the past where there have been amending of
24 the prescription, and they will call and ask,
25 did you write for this, did you mean to write

1 this or that, or I might have written
2 something, so, yes.

3 Q. And, Dr. Hall, in those types of
4 discussions you were just mentioning, do you
5 ever have any concerns that the pharmacist that
6 you were speaking to was acting in an
7 inappropriate way?

8 A. No.

9 MR. SCHUTTE: Okay. That's all I
10 have. For once a lawyer promised to be quick.

11 MS. FEINSTEIN: Let the record
12 reflect.

13 MR. RICHARDS: We get to aggregate
14 all of the different questions from Morgan
15 Lewis attorneys.

16 You didn't have to put what I just
17 said on the record.

18 MR. SCHUTTE: I believe that for
19 the lawyers in the room on the defense side,
20 that's all the questions we have, but does
21 anybody on the phone have any questions for Dr.
22 Hall before we pass the mic to the plaintiffs?

23 A VOICE: Not at this time.

24 A VOICE: No, thank you.

25 A VOICE: None here.

1 A VOICE: No.

2 MR. SCHUTTE: All right. With
3 that, I think that concludes the defense
4 questioning of this witness.

5 MR. CIACCIO: Plaintiffs don't have
6 any questions. So you're done.

7 MR. RICHARDS: We will read. Thank
8 you everyone.

9 MR. SCHUTTE: Thank you for your
10 time and patience.

11 THE VIDEOGRAPHER: Off the record
12 at 3:11.

13 (Deposition concluded at 3:11 p.m.)

14 - - - - -

15

16

17

18

19

20

21

22

23

24

25

1 Whereupon, counsel was requested to give
2 instruction regarding the witness's review of
3 the transcript pursuant to the Civil Rules.

4
5 SIGNATURE:

6 Transcript review was requested pursuant to the
7 applicable Rules of Civil Procedure.

8
9 TRANSCRIPT DELIVERY:

10 Counsel was requested to give instruction
11 regarding delivery date of transcript.

REPORTER'S CERTIFICATE

The State of Ohio,)

SS:

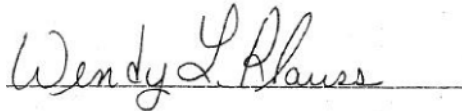
County of Cuyahoga.)

I, Wendy L. Klauss, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within named witness, GREGORY L. HALL, M.D., was by me first duly sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by the above-referenced witness was by me reduced to stenotypy in the presence of said witness; afterwards transcribed, and that the foregoing is a true and correct transcription of the testimony so given by the above-referenced witness.

I do further certify that this deposition was taken at the time and place in the foregoing caption specified and was completed without adjournment.

1 I do further certify that I am not
2 a relative, counsel or attorney for either
3 party, or otherwise interested in the event of
4 this action.

5 IN WITNESS WHEREOF, I have hereunto
6 set my hand and affixed my seal of office at
7 Cleveland, Ohio, on this 24th day of
8 December, 2018.

9
10
11
12 
13

14 Wendy L. Klauss, Notary Public
15 within and for the State of Ohio
16

17 My commission expires July 13, 2019.
18
19
20
21
22
23
24
25

Veritext Legal Solutions
1100 Superior Ave
Suite 1820
Cleveland, Ohio 44114
Phone: 216-523-1313

December 24, 2018

To: Daniel A. Richards, Esq.

Case Name: In Re: National Prescription Opiate Litigation v.

Veritext Reference Number: 3174234

Witness: Gregory L. Hall, M.D. Deposition Date: 12/19/2018

Dear Sir/Madam:

Enclosed please find a deposition transcript. Please have the witness review the transcript and note any changes or corrections on the included errata sheet, indicating the page, line number, change, and the reason for the change. Have the witness' signature notarized and forward the completed page(s) back to us at the Production address shown above, or email to production-midwest@veritext.com.

If the errata is not returned within thirty days of your receipt of this letter, the reading and signing will be deemed waived.

Sincerely,
Production Department

NO NOTARY REQUIRED IN CA

DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 3174234

CASE NAME: In Re: National Prescription Opiate Litigation

DATE OF DEPOSITION: 12/19/2018

WITNESS' NAME: Gregory L. Hall, M.D.

In accordance with the Rules of Civil
Procedure, I have read the entire transcript of
my testimony or it has been read to me.

I have made no changes to the testimony
as transcribed by the court reporter.

Date Gregory L. Hall, M.D.

Sworn to and subscribed before me, a
Notary Public in and for the State and County,
the referenced witness did personally appear
and acknowledge that:

They have read the transcript;
They signed the foregoing Sworn
Statement; and
Their execution of this Statement is of
their free act and deed.

I have affixed my name and official seal
this _____ day of _____, 20____.

Notary Public

Commission Expiration Date

DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 3174234

CASE NAME: In Re: National Prescription Opiate Litigation

DATE OF DEPOSITION: 12/19/2018

WITNESS' NAME: Gregory L. Hall, M.D.

In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me.

I have listed my changes on the attached Errata Sheet, listing page and line numbers as well as the reason(s) for the change(s).

I request that these changes be entered as part of the record of my testimony.

I have executed the Errata Sheet, as well as this Certificate, and request and authorize that both be appended to the transcript of my testimony and be incorporated therein.

Date

Gregory L. Hall, M.D.

Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that:

They have read the transcript;

They have listed all of their corrections in the appended Errata Sheet;

They signed the foregoing Sworn Statement; and

Their execution of this Statement is of their free act and deed.

I have affixed my name and official seal
this _____ day of _____, 20____.

Notary Public

Commission Expiration Date

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19

ERRATA SHEET
VERITEXT LEGAL SOLUTIONS MIDWEST
ASSIGNMENT NO: 12/19/2018

PAGE/LINE(S) / CHANGE /REASON

Date Gregory L. Hall, M.D.
SUBSCRIBED AND SWORN TO BEFORE ME THIS _____
DAY OF _____, 20____ .

Notary Public

Commission Expiration Date

[& - 2:49]

Page 1

&	128 6:9	2	181:17,24
& 2:13 3:14 4:3 10:11 11:6,9 218:5,8	12:40 162:8 13 21:2 104:20 128:16 243:17 130 6:12 1301 2:5 131 8:8 134 6:14 141 8:9 143 6:17 146 6:19 150 46:2 15219-6401 2:20 153 8:10,11 157 8:12 158 8:13 159 8:14,15 16 35:17 187:9 1600 3:20 169 6:21 17 1:8 145:18 187:10 17,000 152:11 171 8:16,17,18,19 128:11 172 8:20,21 173 8:22 176 6:23 178 8:23 179 8:24 18 21:13 187:8,12 1820 244:2 183 6:25 8:25 9:1 19 1:20 10:2 1900 2:5 195 9:2 198 9:3 1999 4:4 1:18 1:15 1:31 162:11	2 5:2 6:5 117:6,13 20 17:1 24:22 50:12,12 53:6 60:3,15 64:23 245:16 246:22 247:22 20,000 59:25 200 46:4 20001-3743 3:15 20005 2:15 2000s 39:19,21 45:1 2002 20:24 2005 32:13 2007 179:13,19,24 180:11 2009 33:3 45:6 201 9:4,5 2010 6:24,25 27:13 30:22 44:25 66:11 67:25 68:2,22 77:6,14,20 98:9,11 111:14 113:1 145:5 154:22 176:8,23 177:23 178:4,8,11,25 179:8 180:6,17,24 181:14 183:18 184:6,12,16 185:21 190:18 210:14 213:2 227:1 2012 47:6 125:3 127:7,9 134:25 2014 128:17 129:2 130:17 131:11,23 132:6 133:2 170:12 2015 43:13,15 66:12 68:11,18	181:17,24 2017 6:4 85:24 86:14,15 87:6 2018 1:20 6:6 10:2 21:2,3 117:9,24 118:14 119:19,20 243:8 244:4 2018-31 119:13 120:5 2019 243:17 202 2:15 3:16 206 5:5 211 9:6 216 2:6 216-523-1313 244:3 2222 243:13 224 9:7 224-1133 2:10 226 9:8 227 9:9 228 9:10,11 229 9:12 23 184:6 236 9:13 237 5:5 23rd 140:9,20 24 244:4 242 5:6 24th 243:7 25 59:25 193:9 25,000 60:3,15 25301-3202 3:21 271 136:6 28 6:6 95:19 117:8 117:24 118:14,25 125:16 2804 1:6,8 2:49 232:3
0			
012344074 7:1 183:20 184:1 014167489 6:13 130:25 131:6 014167892 169:24 014260170 6:11 128:4,10 014322836 6:16 134:15,21 014322863 6:8 122:17,23 01467892 6:22 169:19 074 189:4 190:24 076 184:1			
1			
1 6:2 85:20 86:3 88:18 119:19 10 6:23 176:6,12 187:4 100 40:2,7 45:25 102 8:7 107 187:6 10:26 70:23 10:44 71:1 11 5:4 6:25 183:17 183:24 1100 244:1 117 6:5 11747 2:10 12 12:6 12/19/2018 244:8 245:3 246:3 247:2 122 6:7			

[3 - addiction]

Page 2

3	50 8:3 79:20 96:9 500 3:20 560-3300 2:20	9	194:7 232:21
3 6:7 87:17 122:14 122:22 144:25 152:13	6	9 6:21 152:13 169:16,23 177:6	accept 55:25 58:9
30 50:12	6 5:3 6:14 134:12 134:20	90 187:3	accepted 211:10
301 2:19	60 197:9,12,16 202:7,11,22 208:2	90067 4:5	accepting 56:2 58:10 113:6,23
304 3:21	208:15,22 209:2,3	92 187:5	access 122:7
305 2:9 3:10	209:7 231:1,4,8,16 237:22	942-5150 3:16	accidental 96:3 154:12
31 119:20	600 3:8	950 1:23	accidently 150:19
312 2:23 3:4	601 3:15	9:10 1:21 10:3	account 75:3
3174234 244:7 245:2 246:2	60601 2:23	9th 2:5	accountant 166:9
324-1000 2:23 3:4	60601-5094 3:4	a	accurate 83:8 144:10,15,17
32nd 2:19	631 2:10	a.m. 1:21 10:3	156:19 157:5
3300 3:9	64 8:4	aaron 1:10	202:19 221:22
33131 3:9	65 187:22	abate 59:7,15	222:15,22 223:7
332-8000 4:5	687-3256 2:6	abatement 59:4,12 59:14 63:9 73:9	231:15
340-1169 3:21	69 154:20	abbreviated 235:14	acknowledge 138:19,24 143:4,7
37,000 121:12	7	ability 36:23 142:9	245:11 246:16
3:01 232:6	7 6:17 143:9,16 146:20	able 27:19 69:11 75:24 139:22	act 221:17 222:10 245:14 246:20
3:11 240:12,13	714-9700 3:10	169:6 224:13	actavis 216:23
4	725 2:14	absent 27:3	acting 239:6
4 6:9 128:1,9 154:17	77 2:22 3:3	absolutely 143:7 150:16 200:21	action 55:23 113:7 121:6 243:4
400 2:9 26:2	8	213:15 225:14 228:6,8	actions 52:1 119:6 156:16
412 2:20	8 6:19 145:18 146:2,9	abuse 65:13 68:16 76:15,20,24 77:9	actiq 221:5
42 154:21	80 156:11 157:15 157:15	77:16 78:1,4,4,5,6 89:16,19 93:12,15	active 161:4 181:2
424 4:5	81 8:5	94:7,9,14,19 95:4	activities 42:25 44:6 47:12 52:19
434-5000 2:15	83 8:6	95:8,11,14,16 97:2	64:10 74:3,7
44114 244:2	838 134:22	97:7 98:22,25	acute 186:13,20
44114-1862 2:6	85 6:2	99:3 104:17 106:7	add 20:7 142:5 208:8
45 49:10	865 122:24	116:1 131:21,24	added 73:14
45132 1:15	88 157:8	132:7 133:23	addicted 135:11
46 152:9	893 169:24 170:4	135:7 137:9,23	addiction 169:13 178:10,10 225:12
490 131:18		149:14 177:19,24	225:22
492 131:7		178:24 179:20	
5			
5 6:12 125:3 130:22 131:5 156:6 161:1			

addictive 225:16 225:19 226:1,6 addicts 194:10 address 64:24 65:9 70:1 83:23 106:6 115:17 123:15,17,20 124:2,4,13,17 127:16 170:14 178:19 230:23 244:15 addressed 48:14 88:22 89:9 128:13 addresses 61:15 65:5 124:19 addressing 84:10 122:7,11 130:4 131:20 133:4 adequate 87:4 adequately 220:4 adjournment 242:22 administration 216:3,5,11,16 administrator 170:7,8 adopted 119:14 ads 217:21 advice 158:19 advise 37:24,25 advisory 31:13,16 31:21,25 32:7,17 33:6,9,23 34:14,20 37:15,19 42:11,13 42:17 43:2,7,22 advocated 69:2,13 69:18,22 affect 159:25 affiliated 106:8 112:2 142:25 213:8,13	affiliation 24:6 affiliations 22:24 23:1 138:3 affixed 243:6 245:15 246:21 afield 141:18 171:25 aforesaid 242:12 african 94:14,15 102:16,19 104:2 104:16,20 182:3 186:25 187:4 afternoon 206:10 206:11 233:13 235:25 237:10 age 11:17 187:14 187:21 agencies 38:20 41:18,22,24 110:15 agency 19:23 37:11,13 38:19 39:1 40:11,13 42:9 58:9 155:14 agenda 49:15,22 52:10,11 55:4,8 72:5,11 75:22 113:12 aggregate 155:25 239:13 ago 12:15 22:20 94:5 98:10 101:25 106:13,14 136:10 136:11 148:20 158:8 195:1,3 208:25 213:22 220:19 agree 55:24 80:5 84:23 130:8,10,16 131:22 132:5,14 182:24 193:18,22	agreed 132:12 193:19 agreeing 56:1 agreement 15:22 21:4 25:19 agreements 16:17 16:24 18:22 20:20 ahead 142:4 147:7 aid 3:2 10:17 142:7 237:11,14 237:18 238:19 aired 197:23 al 1:14 alarmed 202:20 alarming 130:5,12 130:17,18 177:18 alcohol 96:24,25 152:18 allan 28:17,23 29:11 32:8,10,16 33:19 42:22,23 43:19 44:1,7,18,21 45:2,4,18,20 55:13 75:2 78:14 123:12 125:7 128:13,19 130:8,10,16 131:12 134:24 135:4,8,13 170:19 170:20 171:8,11 171:14,17,24 174:12,13 184:5 184:10,14 188:19 189:5,7 190:25 allan's 46:23 130:2 171:20 173:12,15,23,25 174:16,18 allergan 216:25 217:1,3 allisyn 112:10	alternatively 183:4 amended 209:4 225:23 amending 238:23 amendments 71:18 american 94:14,15 102:16 104:3,16 182:4 186:25 187:4 americans 102:19 104:20 amerisourceberg... 3:18 11:13 205:23 206:1 amount 24:23,25 25:24 26:1 56:1 59:18,22 121:11 121:14,16,19 199:9 amounts 60:9,14 60:19 analyze 224:14 anecdotal 36:20 anecdotally 229:7 angeles 4:5 annual 6:4,24 53:1 53:3 81:12,14,17 81:21 82:4,8,23 83:2,8,15,22 84:5 85:23 86:14,15 87:6,10 88:3 89:9 89:15,18,21,25 108:15 109:4,10 128:23 129:1 176:8,23 annually 71:17 answer 42:8 44:10 84:2,3 141:21 142:4,13,15
--	---	---	--

[answer - attend]

Page 4

152:16 155:17 157:11 171:6,17 171:22 172:8,22 173:2 175:3,11,22 185:5 198:20 201:17 204:5 212:9 229:7,11 236:16 answered 166:18 175:19 179:2 answering 142:14 173:22 answers 12:20 42:10 antibiotics 205:9 205:10 anticipated 144:19 anybody 144:22 146:25 147:3,14 196:14,17 239:21 apart 62:1 apologize 26:5 28:4 59:13 206:24 app 224:24 apparently 188:16 227:9 appear 245:11 246:15 appearances 2:1 3:1 4:1 5:2 appears 177:4 appended 246:11 246:18 apples 182:14 applicable 241:7 application 33:10 33:12 applied 184:20 227:5 applies 56:10,24	apply 56:16 applying 56:20 appointed 34:18 38:5 appreciate 204:4 207:6 appreciated 34:11 approach 32:23 approached 33:5 45:6,10 appropriate 69:12 137:6,8 138:7,8,20 139:4,14 143:5 154:2 159:15,17 159:20 160:13,20 210:20 220:8 approval 52:3,21 56:15 59:18 60:3 113:10 approve 47:10 57:22 58:25 59:6 59:14 71:12,15 72:1 78:22 82:4 82:20 133:15,16 approved 59:9 71:20 76:9 107:24 216:7 225:4 approving 82:19 88:16 107:19 approximately 33:4 98:18 approximation 101:22 april 112:7 arco 89:2 area 24:16 202:14 211:17 areas 63:25 202:13 argue 199:3	argument 84:23 armor 91:16 arnold 3:14 11:6 arnoldporter.com 3:16 arose 190:7 array 36:13 arthritic 209:21 arthritis 227:15 article 94:25 95:2 95:6,15,17,22 97:1 97:3 99:23 100:2 148:20 149:6,11 149:17,20 150:21 199:6 artists 96:9 artwork 147:9 aside 14:22 20:8 37:7 38:16 40:20 45:18 46:11,13 49:11,17 77:6 100:1 112:15 113:13 114:8,13 114:15 122:4 127:24 130:15 134:10 145:25 183:15 201:19 202:22 204:8 asked 27:10 81:25 95:21 115:25 165:20 174:24 175:16 179:1 192:7 196:24 207:18 216:19 220:18 230:25 237:25 asking 52:5 61:23 86:20 132:12,14 132:21 170:21 172:5,6 173:14,18 174:19 184:10,14	199:12 211:23 212:3,6 226:14 227:19 229:7 asks 236:14 aspect 103:7 231:14 assert 174:2 asserted 173:5 175:3 asserting 172:25 174:6,7 175:10 assess 165:21 213:16 assessment 132:17 199:13 assigned 38:2 assignment 245:2 246:2 247:2 assistant 208:11 208:22 assisted 119:18 120:2 associate 215:6 associated 121:5 assume 91:21 187:16 205:17 assuming 185:3 attached 246:7 attaches 125:16 133:21 attachment 6:8,10 6:13,15 122:16 128:3 130:24 134:14 attend 26:3,7 47:15,16,21 50:3,8 50:10,24 51:4,11 51:13,16,22,24 129:1 133:25 135:18
--	---	---	---

[attended - best]

Page 5

attended 43:2,6 106:22 129:11 134:1 135:24 136:2,4,7 attending 10:8 48:6,8 49:11,17 125:15 127:3,13 127:18 129:5 attends 50:22 attention 70:8,17 attorney 29:18 46:12,14,16,21 47:2 195:7 198:21 198:24 200:5,8,12 200:23 243:2 attorneys 10:7 239:15 audibly 12:19 august 119:20 134:25 194:25 authority 43:9,21 83:14 150:9,11 authorize 246:11 authorized 215:23 available 16:21 24:16 86:5 117:21 143:17 146:10 176:14 183:7 199:6 238:9 ave 3:15 244:1 avenue 1:23 3:8 4:4 average 19:25 24:20 50:10 75:7 168:2 187:21 avoid 141:7,8 142:19 143:3 aware 25:20 26:1 30:16,20 43:24 52:4,14 57:12 90:16 92:6 97:16	98:4,19 106:11 115:15,16 131:19 132:8 139:16 145:16 147:14 155:18,19,21 156:3 166:4 177:23 180:5,7 204:22 205:24 207:10,12,15 216:1,6 226:9,17 226:20 228:15,24 230:2 231:14 233:5 237:13 awareness 178:17 ayes 120:13,14	based 13:10 17:19 36:24 89:12 104:13 105:18,23 148:3,4 157:16 179:21,23 181:24 182:10 224:4,8 basic 167:7 169:8 basically 18:3 basing 181:20 basis 53:18 174:9 192:19 bates 6:8,11,13,16 6:22 7:1 86:6 117:21 122:17,23 123:3 128:4,10 130:25 131:6 134:15,21 143:18 146:11 169:18,24 176:14 183:19,25 bathroom 188:13 baton 237:3 bearing 122:23 128:10 131:6 134:21 169:23 183:25 beat 209:14 becoming 32:21 32:24 43:3 45:7 beginning 6:8,10 6:13,15,21 7:1 122:16 128:3 130:24 134:14 169:18 183:19 189:4 behalf 2:3,8,12,17 3:2,6,11,17 4:2 10:11,14,17,19,21 10:23 11:3,6,9,12 47:12 79:3 82:1 85:15 171:24	behavioral 166:17 167:12,15,17 168:5 belief 60:22 believe 15:17 17:6 20:14 26:15,18 30:7,8,21 37:4,6 38:4 41:23 43:8 44:9,12 46:3 57:24 60:9 67:24 70:11 71:10 75:6 77:10 82:6 101:2 101:6,18 102:6 103:17 106:10 107:17,21 108:19 109:21 110:6,7,10 110:11 112:23 113:18,21 114:12 116:5 129:17 134:1,9 137:12 144:24 145:22 147:2,5 159:8 178:2 179:25 180:8 183:14 184:17 188:20,25 189:15 190:8 193:18 204:14 207:14 216:4 219:9,14,24 230:15 232:13 233:6 234:5 235:8 239:18 believed 227:3 believing 129:20 belong 63:2 benefits 160:18 199:13 benzodiazepines 133:7 best 29:13 141:2,4 143:2 211:20
--	---	---	---

[bet - budget]

Page 6

bet 126:25 177:14	52:2,2,7,8,11,17	111:20,22 112:3	bordering 171:10
betcha 156:24	52:20,20,25 53:7	112:16 113:1,7,10	bored 96:12
157:15	53:15,21 54:17	113:12,15,19,24	bottom 123:4
better 31:15	55:9,17,18,20,21	114:3,4,10,17	143:18 150:18
127:17,23 181:15	56:4,8,10,15,16,20	115:9,11,17 116:8	152:14 160:22
231:23	56:23 57:1,3,4,15	116:10,13,21,24	170:12 189:2
beyond 167:7	57:16,17,22 58:13	117:7,20 118:6,11	190:23 191:11,12
168:13,24 169:8	58:17,25 59:1,4,18	118:15,16 119:1,6	box 225:7,10,13
235:13	59:19 60:3,5,6,10	120:6,12 122:6	braden 2:22 11:2
big 127:5,9,14	60:10,20 61:1,7,15	124:6,7,11,15,21	11:3
209:16 231:7	61:19,22,24 62:2,3	125:14 126:1,3	brain 59:25
bipolar 194:7	62:4,11,12,24,24	127:19,20 133:14	brand 221:4
birth 170:21,22,25	63:6,15,18 64:1,4	133:14 135:17,20	break 60:11 62:1
bit 168:1 193:16	64:10,13 65:4,8,12	140:25 141:1,17	70:21 71:5 96:12
206:25 230:25	65:21,22 66:5,8,14	141:19 142:9,10	98:2 162:6,15
black 225:7,9,13	67:7 68:4,11,15,18	145:2,4,9,10,21	174:10 206:6
blanking 136:15	68:22 69:1,3,14,23	162:18 163:7,16	231:25
board 6:3,5,23	70:1,8,14,16 71:6	163:20,23,24,24	breakdown 53:14
20:12 22:6,10,11	71:8,11,12,13,15	164:1,4,5,10,12,14	brickell 3:8,8
25:3,4,6,10,13	71:20 72:1,1,4,9	164:15,16,20,22	brief 73:12 89:13
26:10,17,24,24	72:24 73:17,25	165:11,13,14,16	briefing 73:7
27:9,12,12,17 28:6	74:4,7,17 75:4,9	165:20,22,24	briefings 72:23
28:16,18,21 29:2,4	75:12 77:5 78:7	166:1 170:9 171:8	73:4,15
29:6,9,12 30:12,15	78:17,19,21,24	172:13,15,17,18	briefly 21:15 25:2
30:19,22 31:7	79:1,2,4,7,12 80:9	173:20 176:7,13	43:25 216:19
32:21,24 33:11,15	80:19 81:1,12,19	176:24 177:3	broad 70:1,5
34:1,4,18,24,24	81:20,24 82:2,3,3	180:11,12,16	229:6
35:3 36:6,6,15,25	82:5,7 84:15	181:1,4,10,22	broadened 231:11
37:7,8 38:16,22	85:22 86:4,16,19	185:3,7,10 189:14	broadly 42:4
39:2,8,22 40:5,10	87:7,11,19,22 88:1	190:1 192:6,7	48:22,23,25
40:20 41:1,13,14	88:4,6,7,10,13,16	199:25 200:1	199:17
41:21 42:1,3,3,8	88:23 97:20 98:1	201:3,8,12,23	broadhollow 2:9
42:25 43:3,22	99:15 100:6,17,20	203:13 204:1	broadly 98:20
44:1,6,8,11,11,13	100:21,23,25	229:18 230:9,11	brochure 125:17
44:13 45:3,7,19,22	101:3,14,15,20	230:19 231:20,21	125:18
46:7,9,9,14,16	106:9 107:14,18	232:8,20,24	brought 205:9
47:2,8,9,11,13,14	107:18,23 108:3	233:25 234:17,25	bryant 16:6 17:5,8
48:3,8,9,16,18	108:23,24 109:7	board's 79:17	21:4
49:17,20,25 50:3,4	109:25 110:3,9,15	boards 115:24	budget 53:1,3,17
50:6,11,14,17,22	110:19 111:2,4,8	body 191:4	53:20 54:25 55:4
50:25 51:4,7,17	111:10,13,14,16		55:5 57:2,14,17,21

71:5,12,16,19,21 71:25 79:17 building 59:7 bullet 179:11 180:2 burling 4:3 11:9	131:12,18,22 132:5,16 134:3 189:21,23,24 190:3,12,17 230:5 cardinal 2:12 10:11 204:13,15 204:18,21 care 15:12 18:14 18:16,17 37:14,19 211:11 carfentanil 91:20 91:22,25 92:6,7,9 case 1:8,15 10:3 12:11,12 174:8 244:6 245:3 246:3 categories 50:18 categorized 96:13 category 18:17 203:17,19 causal 96:23 causality 96:23 cause 96:11 102:22 179:14 242:12 causes 99:12,16,20 100:3,7 105:3,9 ccbh 128:20 ccbh's 131:20 ccbh.net 230:22 cdc 152:1,2 celebrities 151:3,5 celebrity 150:24 center 23:2,5,8,12 23:19 119:18 centre 2:19 cephalon 217:6,7 217:10 221:1 certain 17:3 164:23 165:2 181:19 194:4	certainly 114:2 164:7 198:12 200:18 211:21 212:2 certificate 5:6 242:1 246:11 certification 22:10 245:1 246:1 certifications 22:7 22:13,21 certified 11:19 22:17,19 certify 242:8,19 243:1 chain 155:15 170:13 184:2 202:25 chair 45:16 48:10 49:2,4,12,18 61:17 61:19 chairman 35:1,7 35:16 38:2 39:13 45:13 62:18,19 chairman's 94:2 challenge 139:23 change 140:7,18 140:20,21,22 142:21 244:13,14 246:8 247:3 changed 61:14 139:18,19 140:2,5 140:7 142:22 161:21 227:2 228:10,12 changes 139:8,11 139:13,16,17,23 139:24 244:12 245:7 246:7,9 changing 236:19 characterize 223:16	charge 54:23 charity 23:2,5,8 23:12,18 32:15 charleston 3:21 check 19:7 20:15 23:20 26:13,20,22 161:17 205:11 chemical 92:16 chicago 2:23 3:4 chief 53:25 54:19 chose 49:1 chris 232:14 christmas 96:12 christopher 3:7 10:18 chronic 36:19 41:8 63:8 156:9 157:19 157:22,25 158:2,9 209:20 227:13,14 227:14 ciaccio 2:9 10:20 10:20 117:16 153:23 158:12 171:7,23 173:9,16 173:21 174:6,21 175:14 183:12 201:13 224:7 228:20 240:5 circle 125:19 circumstance 219:10 circumstances 151:8 238:7 cite 147:10 cities 32:1 citizens 40:9 67:20 city 1:13 32:4 41:3 41:10,11 civil 69:12 241:3,7 245:5 246:5
c			
ca 4:5 244:25 cabinet 183:10 cabinets 183:6 calculate 138:11 138:16 calendar 194:22 call 16:20,20 49:15 136:21 160:14 175:23,23,25 231:22 238:24 callas 3:20 11:11 11:12 called 11:17 33:20 53:25 60:8 133:12 133:21 135:5 163:12 185:6,12 197:15 206:15 225:7 232:24 calling 204:21 calls 195:7 campaign 178:18 178:19,22 232:25 233:3 cancelled 38:14 cancer 104:23 capacity 101:14 142:3 229:10 caption 10:3 242:21 carafe 133:2,18 caraffi 111:6,7,15 111:18,21 112:16 112:18,22,25 125:8 126:2			

claim 168:23 clarifying 167:2 clarity 117:16 classes 167:18 classify 154:6 cleansing 188:15 clear 153:13 173:9 174:4 204:4 215:21 cleveland 1:13,23 2:6 13:18,23 14:7 14:13 15:2,5,7,18 18:20 21:1,22 32:4 36:3 40:23 41:4,10,11,15,25 42:2 93:8 119:17 137:16 144:13 243:7 244:2 click 150:20 client 195:7 198:21,24 clients 216:20 clinic 21:23 89:3 clinical 36:24 clinics 236:24 clomax 3:10 close 101:22 cnn 95:18,20 coalition 180:24 181:2,5,7,11,12 cohen 172:9 colleague 207:2 colleagues 237:4 college 21:17,18 21:20,25 column 182:18 combat 180:22 combine 152:23 combined 152:17 combines 153:19	combining 153:15 come 20:17 32:16 47:10 53:12 57:13 75:16 98:1 110:6 121:16 comes 55:5 59:5 73:9 79:17,25 98:12 110:10,11 152:7 224:22 comfortable 179:6 coming 72:12 83:13 214:19 commercial 92:4,9 commission 35:2,8 35:9,17,19,22 38:3 39:4 45:14,17 94:1 101:21 102:5 102:8 104:24 105:2 214:21,22 243:17 245:19 246:25 247:25 commissioned 242:8 commissioner 27:8 28:18,24 44:1,3,10,15 46:11 46:14,16,20,24 73:24 74:2,6,19,24 75:1 commissioner's 73:23 74:16 75:8 75:21 76:11,14,19 77:7,17 78:3 committed 53:18 182:8 committee 37:15 37:19,23 48:11,13 48:17 49:3,4,7,13 49:19 50:1 60:8 60:18,24 61:2,5,12 61:14,16,19,23	62:18,20 63:3 64:9 committees 61:8 61:10 62:12,15,23 63:1 communicable 89:2 communicated 204:17 205:18,25 communications 198:22,24 201:16 201:19 236:18 communities 40:25 41:2 53:11 94:14 104:3,16 community 23:11 24:3,13,21 48:22 48:24,25 51:1,3 70:10,18 80:11,15 80:20,24 94:9,11 94:16 133:19 134:4,6 145:11 165:2,6 178:13 179:24 199:17 comorbidities 160:14 companies 3:13 123:25 197:20 203:20,22 209:11 209:17 213:6 220:18,21 226:12 company 15:23 16:1,3 123:23 203:23 205:1 220:12,14 223:8 223:17 compare 193:11 comparing 182:14 compensated 17:14 38:6 211:22	compensation 17:19 25:13,16,22 complaint 197:4,7 207:19,24 completed 242:22 244:15 complicated 142:24 228:22 229:9 components 133:20 134:5 concept 231:12 concerns 239:5 concert 27:7 concluded 240:13 concludes 240:3 conducted 235:3 conference 32:11 32:14 44:18,22 45:3 125:15 126:4 126:7,16,20 127:3 conferences 127:14,18 confidential 6:7,9 6:12,14,21,25 122:15 128:2 130:23 134:13 169:17 183:18 congratulate 164:8 conjunction 66:4 140:15 185:6 234:20 connect 119:16 connected 121:10 121:20 connection 92:16 124:5,10,14,20 connolly 2:13 10:11
---	---	--	--

cons 224:15,17 238:2,5 consider 57:5 156:13,16 160:12 160:18 238:14 considerate 130:3 considered 214:15 215:2 consist 48:5 consistent 72:13 72:16 228:4,8 constitute 171:4 consult 161:11,14 consumer 215:10 contained 83:8 content 138:14 195:10 200:10 contents 88:19 89:12 context 90:25 91:2 91:3 108:20 199:25 217:9,19 contexts 164:3 continue 75:17 226:4 continued 3:1 4:1 continuing 180:20 continuous 156:13 157:9 contract 16:6 17:15 19:14 20:1 20:14 24:9,10,24 25:1,9 37:9 46:18 46:22,23 60:8,18 60:23 61:2,4 119:15,24 120:16 123:25 contractor 16:13 17:23 19:9 20:10 23:16,18,24 230:16	contractors 48:15 230:13 contracts 16:5 17:2 contractual 15:22 16:17,24 18:22 20:19 21:4 contraindicated 227:16 contraindications 225:1 contrary 175:21 contribute 37:2,5 144:22 146:25 147:3 182:20 193:24 194:2,6,14 contributed 129:19 contributes 182:25 193:20 194:11 contributing 133:4 controlled 135:6 155:22,25 156:4 235:11 conversation 95:18,20 96:17 196:18 200:11 conversations 195:10 236:2,7,10 236:12 conviction 119:19 coordinating 128:21 copied 189:6 copy 54:25 55:11 copying 190:25 coroner 234:21,22 234:24	coroner's 235:3 corporate 206:17 corporation 3:18 4:2 11:10 39:12 204:25 205:15,19 205:23 206:1 correct 14:17,21 15:20 19:1 24:1 26:8 28:7,8,8,25 29:10 30:13,24 34:16 42:23 43:5 44:19 47:3 48:20 55:10 56:21 62:21 65:6,10 78:18 83:1 87:24 88:24 89:5 92:14 95:5 103:21,25 104:7 115:7 118:17 121:13 122:3 123:14 128:15 145:13,24 146:18 146:22 149:13,16 149:19 155:12 158:5,6,11 160:3,6 160:10,21 167:6 168:9 169:2 170:7 170:10,23 177:5 179:9 184:9 188:5 190:16 196:3 197:24 198:2 199:15,19 200:9 207:8,13 214:11 214:17 215:19,25 216:3 220:5,9 228:7 233:9,12,16 242:17 corrections 244:12 246:17 correctly 119:21 130:6 177:20 179:17 213:24	correspondence 171:3 cotton 205:6 council 31:9,12,14 31:17,21,25 32:7 32:17 33:6,9,23 34:14,20 42:11,13 42:18 43:3,7,22 counsel 2:12 3:18 4:2 171:7 195:10 201:17,20 207:18 211:16,25 227:23 241:1,10 243:2 counsel's 174:22 counties 180:4 counting 50:13,15 counts 28:22 100:10 county 2:8 6:3,5 6:23 10:21 20:12 25:4 26:15,16,17 26:18,24 27:12 31:10,20,23 34:24 35:3,6 36:6 37:8 38:16 39:2,22 40:5,9,10,14,19 41:1,2,14,18 42:7 47:9 49:20 50:4 51:13 52:2 53:13 55:21 56:9,16,23 57:16 58:13,17 59:1,16,19 62:4 63:6,15 64:1 65:4 65:12,22 66:5 67:20 69:3,14,23 70:1,8 71:5,13 72:24 73:17 74:4 78:7,21 79:1,7 80:8,18 81:1,11 82:5 83:17,24 84:7,11,14,25 85:2
---	--	--	---

[county - cv]

Page 10

85:7,11,16,21 86:4 86:16,18 87:7,11 88:23 97:12,18,24 97:25 98:20 99:3 99:8,13,17,21 100:4,8,20,21 101:5,15,17 103:5 106:2,4,9,12,17,20 106:23 107:3,8,12 107:14,15,20,23 107:24 108:3,4,7 108:12,14,18 109:11,19,25 110:2,7,13,17 111:19,23 112:3 112:12,17 113:14 113:15,16 114:9 114:10,17 115:8 115:10,16 116:7 116:10,13,24 117:7 122:6 124:6 124:11,15,21 127:20 128:22 130:13 132:18 135:20 142:10 145:2,4,9 162:17 163:7,16,20,24 164:1,5,12,16,22 165:16,22 166:1 170:9 172:12,15 172:18 176:7,13 176:24 178:25 179:5,8,20 180:3 180:23 181:1,3,5 181:10,14 182:2,6 182:13 183:1 189:14 191:15,16 192:1,7 193:21 194:3 200:1 203:7 203:9,10,13,25 226:16,17,20	228:15,25 230:9 230:11,14,19 231:21 232:8,24 234:3,13,19 242:4 245:10 246:15 couple 17:10 47:5 195:1,2 course 28:2 coursework 93:11 93:14,17,20,22 court 1:1 5:8 11:14 12:20 175:23,23,25 245:7 courteous 222:11 cov.com 4:6 cover 75:3 83:16 83:20 84:6 86:8 86:24 87:1 109:13 109:13 119:5 131:8,10 168:21 170:1 177:2 207:1 covered 74:24 covington 4:3 11:9 crashes 179:15 crawford 16:8 21:12,13 crazy 28:11 crc 60:8 create 147:9 cribs 64:20 crisis 135:7 critical 74:21 csu 13:19 cupboards 183:6 current 13:16 83:9 123:19 228:2,4 currently 13:14,17 37:10 38:18 63:19 97:13 124:9,14 159:5 163:16	custody 5:7 customer 69:7 cuyah 6:8,11,13 6:16,22 7:1 122:17,23 128:4 128:10 130:25 131:6 134:15,21 169:19,24 183:20 184:1 cuyahoga 2:8 6:2 6:5,23 10:21 20:12 25:3 26:15 26:16,17,18,24 27:12 31:10,20,23 34:24 35:3,5 36:6 37:8 38:16 39:2 39:22 40:4,9,10,14 40:19,25 41:2,14 41:18 42:7 47:9 49:20 50:4 52:2 53:13 55:21 56:9 56:16,23 57:15 58:13,17 59:1,15 59:19 62:3 63:6 63:15 64:1 65:4 65:12,22 66:4 67:10,13,15,17,20 67:23 69:3,14,23 69:25 70:7 71:5 71:13 72:24 73:16 74:3 78:7,20 79:1 79:7 80:8,18 81:1 81:11 82:5 83:17 83:24 84:7,11,14 84:25 85:2,7,11,16 85:21 86:4,16,18 87:7,10 88:22 97:12,24 99:3,8,13 99:17,21 100:4,8 100:19,21 101:4 101:15,16 103:4	106:1,4,9,12,16,19 106:23 107:2,8,12 107:14,15,20,23 107:24 108:3,4,7 108:11,14,18 109:11,19,25 110:2,7,13,17 111:19,23 112:3 112:12,17 113:13 113:15,16 114:8,9 114:17 115:8,10 115:16 116:7,10 116:13,24 117:7 117:20 122:6 124:6,10,15,21 127:20 128:22 130:12 132:18 135:20 142:10 145:1,4,9,21 162:17 163:7,15 163:19,24 164:1,4 164:11,16,22 165:16,22,25 170:9 172:12,15 172:18 176:7,13 176:24 178:24 179:5,8,20 180:3 180:23 181:1,3,4 181:10,14 182:1,6 182:12 183:1 189:14 191:15 192:1,6 193:21 194:3 200:1 203:10,13,25 226:16,17,20 228:15,24 230:9 230:11,14,19 231:21 232:8,23 234:2,13,19 242:4 cv 33:13 150:2
---	---	--	---

[cvs - determines]

Page 11

cvs 237:15,18 238:19	dealings 204:12,24 205:22	defense 239:19 240:3	deposition 1:18 27:24 85:20 117:6 122:14 128:1 130:22 134:12 141:24 142:2 143:9 146:2 169:16 176:1,6 183:17 195:14,18 196:15,22 197:3 198:6 207:20 208:5,6,10,12,13 231:19 240:13 242:20 244:8,11 245:1,3 246:1,3
d	deals 171:3	defer 78:24 132:16 132:22	depression 194:7
d.c. 3:15	dealt 94:12 104:25	define 90:24 91:2	describe 99:7 178:12 187:2 212:25
daily 156:12	dear 244:10	defining 40:5 203:21	described 210:1
damages 204:1	death 96:7,11 102:22 151:8 179:14	definition 63:22 94:20,22 99:4 114:6 132:9	description 6:1 73:12
dan 1:10 10:22	deaths 94:7,8 99:20 100:4,7,15 100:17 101:1,4,16 102:3 103:4,23 150:25	degree 167:16 168:5,13	designated 6:7,9 6:12,14,21,25 122:15 128:2 130:23 134:13 169:17 183:18
danger 225:22	debbie 27:22 29:17 56:7 118:10 118:15	delete 196:25	desk 148:6
dangers 95:8 97:2 153:15	december 1:20 10:2 140:10,11,20 243:8 244:4	delivery 241:9,11	destruction 192:16
daniel 2:4 244:5	decide 68:15,19,23	demographic 193:4	detail 222:17 223:17
data 103:14,19 152:3	decided 68:4,11	demographically 187:1	detailed 220:22
date 10:2 127:8 144:14 148:19 170:21,22,25 200:20 241:11 244:8 245:3,9,19 246:3,13,25 247:20,25	decides 57:1	demographics 102:11,12,14 193:1 194:5	details 191:18
dated 125:3 128:16 184:6	deciding 57:16 78:8 160:12	dent 91:16	determination 78:10
david 172:9	decision 160:19 219:23	dentists 105:21,21 105:22	determine 79:1
dawn 114:21 115:10 116:3,4,8 116:14,18	decisions 46:6,10	department 19:14 19:19,20,22 20:2,9 37:9 38:17 39:3 40:22 41:15 42:3 57:8 133:3 134:8 177:17 244:22	determined 74:11 89:24 220:7
day 3:7 10:19 66:19,21 152:9 243:7 245:16 246:22 247:22	decreased 182:6	departments 40:20 57:8,11 78:17	determines 74:23 75:2 89:8
days 14:6,9,11,19 14:22,25 15:2,5,13 244:18	dee 170:5,7,13,24	depend 26:9	
dc 2:15	deed 245:14 246:20	dependent 26:2	
dea 155:18,19,21 156:3 192:15,20 216:4	deemed 244:19	depends 26:6 90:25	
dea's 155:24	deeper 141:22	deposed 11:19 12:7,14 194:20 195:5	
deal 41:18 167:24 187:10	deeply 229:4		
	defendant 4:2 237:19		
	defendants 2:13 3:19 4:3 10:15 11:4,7 203:5,17,18 206:14,16 207:15 237:15		

determining 56:9 78:20 developed 98:6 developing 65:22 development 39:12 device 224:11 devote 70:8,17 diabetes 36:19 85:3,5,17 die 96:20,23 151:22 died 95:16 96:1,2 96:10,13 97:4 150:19 difference 53:15 186:5,9 different 39:25 57:7 103:1 146:19 150:4,6,7 155:10 159:1,6,9 209:2 239:14 differently 102:25 difficult 199:4 difficulty 236:3 direct 194:17 215:10 direction 190:9 directly 215:6 director 13:18 15:24 16:12 23:11 24:3,13,21 51:16 51:19,21 73:10 116:17 167:23 189:12,13,16 230:8 directors 78:15,16 disagreeing 175:8 disburse 58:7 disbursement 57:23 58:2	disclose 171:13 173:11,24 disclosing 171:15 236:10 discriminate 224:13 discuss 36:18 164:18 169:7 202:3 231:17 discussed 105:6,9 138:6 201:11 231:19 discussing 137:6 190:6 200:22 202:6 discussion 33:17 33:18,21,22,24 34:7 56:14,19,22 67:24 84:9,13,15 84:18,20 94:12 105:7,10 121:5,7 139:7 200:19,21 201:1 208:16 discussions 57:12 67:25 81:9 195:8 201:16 238:13,18 239:4 disease 36:19 41:8 63:8 84:22 85:18 89:3 104:23 disorder 119:17 disparity 96:14,19 104:24,25 dispensed 154:20 dispensing 236:21 disposal 115:12 116:25 182:21 184:7,11,15,18 185:15 188:1 190:4,11,13 193:17	disposals 114:22 dispose 114:23 184:22 disposed 184:20 disposing 184:24 190:6,7 191:2 disproportionate 105:3 disproportionately 94:13 102:16,18 102:20 104:2,4,11 104:15 193:5 distinction 90:9,15 92:23 130:4 234:3 234:6,8 distinctions 114:16 234:13 distracting 28:2 distribute 116:11 distribution 116:6 197:20 202:18,21 231:13 distributor 2:12 3:17,18 4:2,3 distributors 202:24 district 1:2 31:8 31:12,13,16,21,25 32:7,17 33:6,9,23 34:14,20 42:11,13 42:17 43:2,7,10,22 diversity 48:10,14 48:17,18,21,25 49:3,4,6,13,18 50:1 61:12,15 62:20 division 1:3 dixon 27:21 29:14 30:11 doctor 160:17 171:20 175:4,10	175:12,16 228:14 232:7 237:2,5 doctors 105:18,21 105:22 230:10 document 1:11 6:2 27:9 53:20,23 85:21 86:7,10 87:3 88:19 89:13 117:14,17,17,22 118:4 119:4 122:22 123:2,10 128:9 129:11 131:5 134:20 143:20 145:1 154:18 156:7 169:23 172:3 173:19 176:12,20 177:7,10,22 178:3 181:13 183:15,25 184:4 189:3 documents 196:20 196:25 doing 15:15 92:21 115:21 129:25 154:13 156:14 165:3 195:16 232:16 domain 82:17 dose 156:12 160:4 doses 159:18 doubt 204:19 213:10 doug 27:25 28:1,2 28:4,10 29:25 30:7 54:3 62:18 dr 6:17,17,19 10:23 11:23 30:11 31:4,5 71:2 118:9 118:19,20 125:13 131:19 137:19,21 142:1,2 143:10,11
---	--	---	--

[dr - errata]

Page 13

144:5 145:3,7,16 146:3 162:12,22 162:24 163:3 166:5 173:19 174:17 176:19 195:24 206:10 231:22 237:10 239:3,21 drawing 92:24 drgreghall.com 143:25 146:13 drgreghall.com. 125:1 143:19 drhall 125:1 drichards 2:7 drill 12:18 drink 96:2 drinks 154:1 drive 2:22 3:3 driving 26:4 drug 3:18 65:16 93:15 96:24,25,25 133:22 135:7 150:25 151:9,10 155:14 177:8,19 177:24 178:24 179:13,20 180:5 183:9,11 194:10 216:2,5,11,16 drugs 92:16 96:2 103:10 151:22 152:19 183:8 238:2 due 219:7 226:11 226:23 229:1 duly 11:18 242:7 242:10 duties 24:12 37:22	e e 235:15 earlier 32:12,13 79:5 142:7 149:7 149:10 189:23 193:18 198:12,12 207:3,14,18 229:16 231:1 233:6 235:25 238:1 early 45:1 67:25 easily 153:4 east 2:5 3:20 eastern 1:3 39:11 easy 163:5 educated 219:25 educating 153:2 210:19 education 127:23 178:17 224:9,9 educational 21:16 212:22,25 effect 140:8,20 effectiveness 165:21 effects 224:12 225:1 efficient 207:1 efforts 180:22 eight 66:3 98:7,9,9 either 68:14 84:24 90:19 101:12 108:10,13 113:22 132:3 243:2 elections 118:5 eligibility 30:17 eliza 16:6 17:5,8 21:4 ellis 1:22 email 6:7,10,12,15 6:21,25 107:9	122:15 123:12,15 123:16,20 124:2,4 124:13,17,19 125:2,6,7 128:2,12 128:16,19 130:2 130:23 131:7,9,11 131:18 132:3 134:13,24 163:10 169:17,25 170:1,4 170:11,13 172:11 172:16 183:19 184:2,5 187:25 188:18,18 189:19 190:18,21,24 230:22 244:17 emails 49:21 107:11 emily 162:22 emphasis 214:3,6 employed 13:14 13:17,20 15:18 16:9 18:8,20 20:25 25:6 44:7 52:17 employee 111:19 112:3,5 employees 45:22 46:7 51:4,7 78:25 114:2,4 163:25 164:4,11 employer 13:16 employment 13:23 14:13,23 15:21 19:3,5,6 20:16 93:7 employs 40:1,6 enclosed 244:11 encompasses 87:15 encounter 69:12	encourage 57:20 ended 23:12 35:24 endo 3:11,12 11:6 217:13 enforcement 155:14 engaged 49:22 engages 65:8 engaging 210:2 enhance 36:24 enhances 37:1 enjoyed 45:12 ensure 156:15 entails 70:5 entered 246:9 entire 231:12 245:5 246:5 entities 19:8 237:23 entitled 6:3 85:22 entity 60:7 epidemic 99:2,5,6 125:20 126:7 131:21,23 132:7,9 151:1 178:20,24 179:4,7 epidemiology 168:18,20,24 169:1 232:9,16,19 episode 202:21,23 episodes 20:5 equal 104:22 138:15 156:10 157:7 equivalence 138:12 equivalent 154:20 156:12,23 238:10 erieview 2:4 errata 244:13,18 246:7,10,18 247:1
--	--	--	--

[esq - find]

Page 14

esq 2:4,9,14,18,22 3:3,7,14,20 4:4 244:5 establish 96:22 184:25 estimate 16:22 148:9 et 1:14 evaluate 163:25 164:15,19 evaluated 220:6 evaluation 235:10 evening 136:4,7,18 event 129:13,16 133:21,25 134:2 135:5,18,22,24 136:4,7,9,20,22 137:2,5,11,25 138:4,6,9,18,23 139:7 171:2 201:15 243:3 events 136:2 everybody 123:5 evolving 236:22 exactly 58:6 79:11 79:14,15 227:24 examination 5:4 11:17,21 206:8 237:8 example 64:18 72:21 187:20 225:21 227:14 exceed 121:12 excellent 222:23 excessive 214:4 exchange 6:7,10 6:12,15,21,25 113:5 122:16 128:3 130:24 134:14 169:18 170:4,11 172:11	172:16 183:19 190:19 exclude 41:10 executed 246:10 execution 245:14 246:19 executives 51:13 exhibit 5:7 6:2,5,7 6:9,12,14,17,19,21 6:23,25 85:20 86:3 117:6,13 122:14,22 128:1,9 130:22 131:5 134:12,20 143:9 143:16 146:2,9,20 169:16,23 176:6 176:12 183:17,24 exhibits 5:3,8 6:1 expect 104:21 expected 104:13 104:19 experience 90:17 223:16 233:24 expert 211:8,17,21 211:22,23 212:3,7 229:5 expertise 150:14 166:14,17,22,24 166:25 167:1,9,24 168:10,14,23 169:1,9,12 expiration 245:19 246:25 247:25 expires 243:17 explain 58:5 explaining 199:3 199:10 explore 191:16 exposure 168:2,4 express 32:20	expressed 75:4 extent 52:5 58:10 164:23 180:14 181:19 195:6 197:10 198:21 236:14 extra 114:23 f f 3:6 faces 210:17,17 212:20,20,20 facilities 187:23 facing 84:24 85:2 fact 59:13 180:5,8 209:9 factors 133:4 159:24 160:11,19 193:23 facts 151:20 179:11 fair 17:24,25 48:16 51:1,3 65:5 74:19,20 75:5 92:17 95:25 105:20 fairly 178:15 fall 203:18 familiar 90:5 91:24 92:5 106:1 112:6,9 122:5,9,10 133:8 139:13 155:13,24 163:6 163:11 204:6 216:22 238:10 familiarity 202:23 fan 96:3 far 141:18 147:13 157:4 171:25 farm 89:1 fatalities 133:6 234:15	favor 125:13 fda 216:15 225:4 229:14 federal 174:10 feedback 69:11,20 164:21,24 165:9 165:12,14 feel 36:12 42:10 76:25 79:10 109:3 126:14 182:15,17 213:4 217:1 219:22 223:19 feinstein 2:18 5:5 10:13,14 206:5,9 206:13 211:25 212:13 227:23 232:1 237:1,25 239:11 felt 36:3 42:24 96:4 129:25 142:24 211:14 214:3 222:21 females 187:3 fentanyl 91:18,22 103:24 223:3,5 233:10,14,18,19 233:22 234:16 fentora 221:7 fewer 186:19 field 22:3 fifth 2:22 figures 151:24 154:23 filed 198:4 finance 63:2 financial 54:1,19 55:6,7,12 62:16,17 71:7 72:6,11 89:3 113:21,22 find 80:5 96:18 136:14 224:11
---	--	---	--

[find - go]

Page 15

244:11 finding 136:19 findings 234:25 fine 172:4 fire 44:14 46:7 firing 46:15,19 firm 10:23 first 11:18 31:3 32:9 44:17 66:11 97:16 98:4,23 106:11,17 136:17 156:7 157:18 167:18 177:15 179:11,16 180:2 194:19 198:9,17 225:25 242:10 firsthand 229:8 five 12:15 28:12 28:13,15 29:9 32:12 33:7 35:16 43:12 70:21 98:17 106:15 133:3 148:16,21,23 162:6 180:4 231:25 flka 3:13 fl 3:9 flip 237:2 floor 2:19,22 136:17 flush 188:3,11,13 flushing 184:23 188:6,9 flyer 133:21 135:5 focus 78:9,11,21 follow 100:14,16 102:11 207:4 following 104:23 119:13 156:14 158:18 200:25 227:3,4	follows 11:20 food 216:2,5,11,16 force 106:2,5,12 106:17,20,23 107:3,5,9,12,16,20 107:25 108:5,8,12 108:15,18 109:12 109:15,20 110:8 110:14,18,22,23 111:9,16,23 112:13,17,22 113:2,10,17,20,25 114:5,7,9,13,14,17 114:25 115:2,6 116:20,23 128:22 129:18 134:7 190:1 foregoing 242:16 242:21 245:13 246:18 forgetting 54:5 form 27:5 56:14 64:12 73:19 92:1 92:2 102:24 153:23 158:12 183:12 201:13 222:3,4 224:7,24 233:18 formal 74:15 111:11 165:12,14 165:17,19 formation 68:1 formed 180:24 formulary 238:11 formulation 238:8 forward 176:1,4 244:15 forwarding 125:7 forwards 135:5 found 184:23 236:23	four 12:10,15 15:1 15:4,24,25 27:16 35:16 48:4 75:10 151:3 200:17 237:23 free 245:14 246:20 freelancer 95:24 frequently 153:7 front 118:3 123:11 131:8,10 189:3 206:24 frown 210:17 212:20 full 13:25 40:6 74:3,22 83:16,20 84:2 87:3 fund 23:25 110:2 funded 116:14 117:1 181:8 funding 53:8,15 55:18,22 79:6 107:15,19,24 108:4 110:8,14,18 116:20 121:17,24 122:5 163:17,21 192:8 funds 47:10 55:24 55:25 56:2 57:23 79:25 110:5 113:11 further 141:22,23 206:3 237:6 242:19 243:1 fuzzy 79:9 fyi 135:4 g gain 67:18 gang 19:16 gatt 27:22 29:19 30:8 118:19	gcallas 3:22 gelembiewski 163:3 general 103:18 168:22 185:17 generally 83:22 84:6 90:19 104:6 115:5 129:22 144:15,16 153:7 155:19 187:1,12 190:10 236:12,19 gentleman 195:19 196:1 geriatric 187:24 gesture 130:3 getting 94:24 141:19,22 174:16 175:18 198:23 209:14 211:17 219:3,11 229:4 236:17 gis 89:2 give 26:4 36:4,5,20 36:23 53:5 59:24 63:21,24 64:5 69:11,19 73:11,24 74:15 101:20 102:4,7 199:14 210:13 212:7 241:1,10 given 77:3 242:13 242:18 gives 59:11 170:14 191:1 giving 64:20 199:7 glhall 124:18 globally 190:5 go 11:23 43:12 52:10 59:14 85:4 136:19 142:4 147:7 150:9 161:7
---	--	--	---

[go - health]

Page 16

173:6 238:9 goes 23:15 58:11 140:8 going 27:23 33:3,7 47:5 50:12 91:21 102:23 126:21 127:12 129:3,10 141:14 160:16 171:1 172:8 173:6 175:7,21 190:3 194:20 195:5 198:19 199:9 201:14 206:4,24 206:25 208:8,10 208:11 211:24 215:14 216:20 229:3 231:6,7 237:1 gold 214:23 good 11:24 18:16 36:13 39:24 63:20 70:21 84:23 128:20 131:18 165:1,3 206:10,11 224:12 237:10 gotten 148:1 181:15,16 government 19:23 40:11,13 41:17,22 42:8 51:10 79:13 79:17 governmental 37:11 38:19,20 39:1 gowns 205:5,5 grades 164:8 gradually 98:6 grant 2:19 53:12 56:9,17,23 121:20 122:10 133:3,9,11 133:15,17,20	134:5,7 163:11,12 163:17,21 granting 58:9 grants 56:20 granular 219:20 great 195:16 greater 156:11 157:8 159:18,21 greg 6:17,18,19 10:24 123:13 135:4 143:10,11 144:5 145:3,8,16 146:3 188:19,24 greg.hall 123:16 124:5 128:14 gregory 1:19 5:4 10:5 11:16,21 12:2 13:20 14:24 15:1 23:21 27:22 118:20 206:8 237:8 242:9 244:8 245:4,9 246:4,13 247:20 gretchen 3:20 11:11 grocery 69:9,15 group 31:9,19 42:13 91:7,9 232:9,11,13,16,19 growing 180:22 guess 34:22 78:23 148:21 166:20 174:22 188:13 189:9 194:4 guessing 129:3 guidelines 140:23 162:15,19 226:24 227:2,3,4,5 228:3 228:5,11,17 229:18,22	gullett 51:20 h habits 228:11 half 14:6,9,11,19 14:22,25 15:5,13 20:7 94:4 101:25 145:20 196:9 halfway 118:4 119:10 184:4 hall 1:19 5:4 6:18 10:6,24 11:16,21 11:23 12:2 13:20 14:24 15:1 23:21 27:22 71:2 86:3 117:13 118:10,20 122:22 123:13 125:13 128:9 131:5,19 134:20 142:1 143:11,16 144:5 145:3,8,17 146:9,20 162:12 166:5 169:23 174:17 176:12,19 183:24 206:8,10 237:8,10 239:3,22 242:9 244:8 245:4 245:9 246:4,13 247:20 hall's 6:17,19 142:2 143:10 146:3 173:20 hammer 44:25 hand 85:4,4 243:6 hanging 166:24 happen 33:2 66:14 71:23 113:3 192:2 208:8,11 happened 136:20 happens 52:8 73:13	hard 26:5 harvard 136:5 head 17:10 54:7 54:23 57:9 72:3 75:15,18 80:6 84:20 165:10 heading 119:5 177:7 health 2:12 3:11 6:3,4,5,24 10:12 13:19 19:18 20:13 24:17 25:4,7,10,14 26:11,17,25 27:12 28:23 34:25 35:2 35:3,5,8,10,11 36:7 37:8 38:3,4 38:17 39:2,5,23 40:5,8,11,20,21,22 41:1,14,15,19,21 42:2,4,8 43:1,23 44:1,2,3,6,8,10,11 44:14,14 45:4,14 45:17,19,23 46:7 46:10,15,23 47:2,9 47:11,13 48:8,16 48:18 49:20 50:4 52:2,17,20,25 54:17 55:18,21 56:10,16,23 57:1,3 57:5,16,17 58:13 58:17 59:4,20 60:6,6 61:24 62:4 63:5,6,16,19 64:1 64:4,13 65:4,12,23 66:5 67:14 68:15 69:4,14,23 70:1,5 70:8,9,14,15,17,18 71:6,13 72:25 73:17 74:4,8 78:8 78:17,21 79:1,7 80:9,10,16,19,20
---	--	---	---

[health - hypertension]

Page 17

81:2,12 82:5 83:17,23 84:7,10 84:14 85:2,6,10,22 85:23 86:13,16,19 87:7,11 88:23 91:1,3 94:1 97:13 97:19,20 98:1 99:7,15 100:6,20 100:22,24,25 101:15,22 102:5,9 104:25 105:2 106:9 107:15,24 108:3 109:25 110:3 111:20 112:4 113:16,20 113:24 114:3,5,10 114:18 115:9,11 115:17,24 116:8 116:11 117:7,20 119:1 122:6 123:22 124:7,11 124:15,21 127:20 130:5,12,17,18 131:20,23 132:7 133:4 134:8 135:21 142:10 145:2,4,10,21 162:18 163:7,16 163:20,25 164:1,5 164:12,17,22 165:16,22 166:1 166:17 167:12,15 167:17 168:5,11 170:9 171:8 172:13,15,18 173:20 176:7,24 177:17 180:22 181:1,4,11,23 185:4,7,10 189:14 192:7 200:1 203:14 204:1,13	204:15,18,21 230:9,11,20 231:21 232:8,24 233:25 234:17,25 health's 53:8 59:1 64:10 65:22 86:4 116:14,25 176:13 healthcare 215:17 hear 45:8 75:8 113:9 121:3 165:1 198:9,17 199:20 199:24 201:2 213:24 heard 75:12,21 76:1,6,7,10,13,18 76:23 77:7,15 78:2 81:9 90:7 162:21,24 198:15 200:6 206:19 207:7 208:23,24 216:23,25 217:6,7 217:9,13,15,17,19 218:5,11,13,21,23 233:2 235:9,12,17 235:21 hearing 77:6 112:15 126:6 129:15 165:4 hearsay 32:18 57:13 132:20 heart 84:22 85:18 104:22 heavily 58:21 heidi 51:20 231:23 held 39:17 66:18 help 151:14 156:15 184:8 188:20,25 224:2 helping 135:11 223:24	helps 62:8 127:16 230:16 hereinafter 11:19 hereunto 243:5 heroin 91:13,17 103:20 104:9 152:25 153:8 194:9,13 232:25 233:3,7 hey 125:12 hi 11:2 112:20 high 104:4,12 137:23 higher 102:17,20 234:14 highlight 150:25 hilton 136:16 hip 67:10,13,16,23 186:13 hippocrates 224:25 225:3,6 hire 44:14 46:6 hiring 46:15,19,21 47:2 history 173:12,15 174:14,15,17 hold 35:12,14 39:14 holdings 3:13 home 15:23 16:1 18:9 21:5 123:23 123:24 148:6,7 158:6 168:7 184:21 186:5,11 186:16 187:6,15 193:14 homes 15:23,24,25 16:5,10,14,18,25 17:3,16 18:2,6,12 18:15,23 20:8 24:16 184:8,16	185:20,25 186:3 188:2 191:15 192:1,10 193:12 honest 13:5 honor 35:6 hope 48:24 hoping 154:16 horrible 66:20 hospital 22:23 24:15 143:1 186:16 209:13,17 210:4,6 213:9 214:10,14 hospitals 137:17 214:22 hosting 125:16 hotel 126:18 136:5 136:15,21 hour 20:7 196:8 hourly 17:7 hours 17:3,12,13 17:20 24:22 26:10 38:11 48:2,5 176:2 house 114:24 huffington 150:21 huge 126:17,17 huh 66:9 87:20 88:20 89:7 102:1 120:11 125:9,25 151:23 158:24 162:16 170:2,16 191:20 208:3 human 46:8 hundreds 65:1 hurd 2:3 10:23 hydrocodone 154:21 hypertension 85:18
--	---	---	--

[hypothetical - interaction]

Page 18

hypothetical 59:11	70:16 83:7,12,15 83:21,23 84:6,10 84:13,24 85:2,6,10 130:4 173:7	increased 96:24 102:15 140:17 194:6 236:7	informs 37:2 142:9
i		increasing 209:20	initially 225:21
idea 68:5 86:17 214:7	impossible 229:6	independent 16:13 17:23 19:9 20:10 23:15,18,23 69:20 230:13,15	initiate 191:17
identification 85:25 117:10 122:19 128:6 131:2 134:17 143:13 146:6 169:20 176:9 183:21	impression 57:9 59:3 221:20	index 5:1,3 6:1 8:1	initiatives 72:24 73:5,16 75:7,12,20 76:1,6,15,19,23 77:8,11,15 78:9,10 78:20 80:24 88:22 89:9 209:12
identified 211:20	improper 171:9	indicate 27:6	injury 163:12 179:14
identify 10:8 105:3,5 137:8 214:9 224:2	improve 40:8	indicating 244:13	inmates 119:16
identifying 102:19 105:4	improvement 67:14	individual 153:19	input 81:25
ijasiewicz 2:16	inaccurate 153:5 157:12,13 211:6 223:21	individually 110:24 111:1	ins 58:7 81:10 114:24 115:1
il 2:23 3:4	inadequately 224:3	industries 2:17	inside 114:13,16 119:4,5 177:1
illicit 92:15 104:8 194:13 233:7,21 234:4,6,11,15	inappropriate 154:5 239:7	infant 63:8 64:17 64:22,24,25 76:1	inspect 69:16
illustrating 179:12	include 14:12 32:1 41:3 88:3,25 92:12,15 103:19 103:22 139:7 145:5 160:1 185:18,19,25 205:8,13 225:6	infeds 142:17	inspected 69:19
imagine 40:15,16 52:18 58:14,19 76:21 81:3,4 97:19,25 127:21 138:21 190:20 220:20 238:21	included 71:7 103:15 185:21 244:13	inform 36:15,25 127:19	inspectors 69:10 69:13
imagining 87:14 109:24	includes 15:6 72:10 88:21 104:8 160:4,7 178:21	information 30:9 83:7 97:25 99:24 101:4,7,11,16,18 102:2 103:20,22 144:8,10 148:2 155:12 165:5 171:11,13,16 173:25 174:11 191:1 214:19 215:1 220:11 221:22 222:14 223:7,22 224:1,14 224:17,22 225:4 229:17 234:1,18 236:15	instance 71:25 104:17 107:23
impact 41:12 94:13 102:18,21 102:21 104:2,4,5,5 104:12,16 105:4 125:21	including 115:2	informational 132:13	instances 58:25 165:8
implementation 164:15,21 165:15	inclusion 81:16	informing 80:9,14 80:19 154:14	instruct 171:5 172:8 175:22 198:20 201:17
important 36:9 69:25 70:3,4,7,12	income 23:14,22 23:24 193:3,10,12		instructing 172:21
	inconsistent 228:17		instruction 175:3 241:2,10
	incorporated 246:12		insult 64:14
	increase 133:5 177:18,24 180:21		insulted 27:23
			insurance 209:17 238:12
			insys 217:15
			interact 41:14,21 42:2
			interaction 223:4

interactions 69:15 221:21 interchangeably 90:18 interest 32:20 75:4 127:12 135:10,14 interested 32:24 34:23 35:4 50:23 63:12,13 125:15 126:4 127:2,13 191:19 200:22 243:3 internal 15:12 18:19 22:5 internet 155:9,11 199:23 internist 168:3,22 intervals 113:3 interventions 41:12 66:6 125:22 interview 33:14 invalid 175:13 invited 107:1 involved 46:15,19 46:20 47:1 55:17 55:20 58:4 70:15 107:19 114:5 116:8 147:15 164:10 181:4 191:23 192:14,16 192:21 201:16 involvement 141:16 involves 198:21 involving 65:19 68:19,23 192:10 ish 77:25 isia 2:14 10:10 issue 64:24 65:7 69:7 70:13,14,18 84:10,14,24 85:2,6	108:15 113:4 130:5,12,17,19 132:22 165:24 173:7,12 190:4,14 209:16 issued 108:17 109:11,15 issues 26:13 37:25 41:19 48:14,18 63:5,11 65:3,9,13 65:18 67:16,21 68:3,10,16,19,23 69:2,6,21 70:2,6,9 75:4 77:9 78:4 80:10,16,21 83:17 83:23 84:7 85:10 88:21 89:8,16,19 94:19 95:4 104:18 122:7,11 127:14 130:11 160:15,15 168:11 186:13,15 187:12 190:13,18 194:12 199:17 230:20 238:22 item 73:12 113:12 items 52:10 74:13 j jackson 3:19 11:12 151:6,11 jackson's 151:8 jacksonkelly.com 3:22 jail 19:16 james 27:22 29:19 janssen 217:17,20 217:23 january 119:19 jasiewicz 2:14 10:10 176:3 jaziewicz 5:4 10:10,25 11:22	70:20 141:25 162:5 172:2,5 173:14,18 174:19 206:3 jciaccio 2:11 jim 30:8 joan 162:24 job 14:2,9,10 165:3 joe 4:8 john 188:19,21,24 189:5,7,10,20 190:2,25 191:1,12 johnson 218:5,6,8 218:9 joined 45:3 180:10 180:16 joining 34:23 joint 214:21,22 jones 3:7 10:19 jonesday.com 3:10 joseph 2:9 10:20 journal 217:12,21 judge 1:10 judgment 136:13 judy 54:11,12,13 54:13,14,16,24 55:15 july 21:2,2 243:17 jumped 34:8 june 6:25 180:24 183:18 184:6 k k 3:6 keep 139:23 141:4 kelly 3:19 11:12 killers 157:7 killing 6:20 146:4 146:16	kind 12:11 15:10 18:1,14 33:10,22 37:25 43:9,21 52:1 53:18 54:7 59:10 64:7 67:16 72:17 79:13 96:14 109:1 113:19 125:19 140:17 164:24 165:8,11 165:14,24 185:13 192:8 206:15 kinds 164:3 kippes 232:13 klauss 1:25 242:6 243:14 knee 186:14 knew 45:13 68:8 97:21 231:23 know 12:18 21:13 26:12 28:17,22 29:14,22 30:3 31:3 32:19 34:11 36:19 37:1 41:20 45:10 47:10 51:23 52:5,16,23 53:9,14 53:24 54:19 55:24 58:8 59:13,17 63:22 64:5,9,18 65:11,17,20 66:22 67:1 71:17,22 74:10 76:7 78:12 79:16,21,22,22,23 79:23,24 80:2,7 81:5,10,15,18 82:1 82:10,13,14,15,16 82:17,18 84:11 87:3,9,12,13 88:5 88:12 89:11 90:2 92:8 96:4 97:23 98:10 99:4,9 100:9 103:11,14
---	--	---	--

106:16 107:2,5,7,8 108:6,9,16 110:1,5 110:16,20 111:11 111:24 112:14 114:1,6,12,20,24 115:4,5,8,10,19,20 115:22 116:9,12 116:15,16,19 117:2,3,4 121:15 121:18,19,22 124:22 126:18,23 129:22 131:19 132:10,23 133:11 135:13,23 136:12 136:14,22 137:19 138:13 142:15 145:15 151:4,6,7 151:10 152:10,11 154:9 156:22,23 157:16 162:17,20 163:1,15,19 165:1 165:17,19 166:19 172:20 173:5 179:4 181:7,12 185:4 186:14 187:23 188:21,25 189:10,11 190:2 192:4 200:20 202:1,4,7 203:2,5 203:7,11,12,16,17 203:25 204:5,15 205:5 206:22 208:13 210:16,25 213:12 214:18,24 216:15,18 217:3,8 217:23 218:2,8,10 218:15,18 219:3,4 219:14,18 220:10 220:14,21 223:8 228:1 230:5,19,21 232:12,15,23	235:13,24 238:22 knowledge 13:11 29:13 184:21 194:17 197:10 211:20 229:8 237:17 known 44:20 121:23 225:15 knows 123:5 I I 1:19,25 2:9 5:4 11:16,21 12:2 13:20 23:21 206:8 237:8 242:6,9 243:14 244:8 245:4,9 246:4,13 247:20 l.p. 1:13 label 6:8,11,13,16 6:22 7:1 122:17 128:4 130:25 134:15 169:18 183:20 labs 24:18 218:21 lake 191:16 lanosa 4:4 11:8 lanose 11:9 large 47:23 142:25 larger 40:1 laser 19:15 22:18 22:18 late 39:19 latino 102:17 104:3 latinos 102:20 launched 178:18 law 10:23 lawful 11:16 215:21 lawsuit 197:5,8 198:4,7,10,15,18	199:20,25 201:3,9 202:1,5 203:3,8,14 203:18 204:2,10 206:15 207:16 209:1,6 237:15,19 lawyer 166:5 239:10 lawyers 198:4 204:8 239:19 lead 27:4 59:4,8 59:14 63:9 73:9 76:6,8,11 210:5 leaders 42:14 57:3 57:4,6 leadership 66:4 67:7 78:12,13 210:4 leading 133:4 179:14 leads 112:12 leaning 58:21 learn 138:8 194:19 195:4 225:25 226:6 231:8 learned 128:20 188:8 195:12 202:7,10,18 220:2 238:1 learning 208:21 leave 132:19 183:5 236:18 lee 3:20 left 27:23 28:5 31:2 54:7 145:23 195:20 196:1 legal 143:1 244:1 247:1 legitimate 153:22 183:10 length 141:17 156:22,25 159:21	160:7 leppla 112:10 letter 99:22,23 244:19 letting 173:1 175:11 level 60:9 193:3,10 193:12 204:15 212:25 levels 194:6 lewis 2:18 3:2 10:14,17 11:3 206:13 239:15 liaison 2:12 3:18 4:2 24:15 licensed 229:24 230:2 lieu 119:19 lifespan 125:21 126:7 limit 226:16 limited 102:21 103:9,12,13 line 131:15 175:18 244:13 246:7 247:3 lines 211:23 list 108:13 150:2 152:5 156:15 158:19 listed 119:7 120:13 179:11 246:7,17 listing 246:7 lists 178:21 listserv 107:9 literally 20:6 litterer 31:3,4,5 litigation 1:7 10:5 142:3 172:3 173:13 197:1
---	--	--	---

207:24 231:2,3,10 244:6 245:3 246:3 little 150:24 161:16,18 168:1 168:20 193:16 211:9 230:25 live 12:3 34:1 35:5 lived 12:5 living 29:15,20 30:1 llc 10:11 llp 2:3,13,18 3:2 4:3 local 35:4 79:8,13 79:17 110:14 logo 145:1 lomax 3:7 10:18 10:18 long 12:5 20:22,25 21:3 24:2 27:11 27:14 35:14 37:18 39:14 44:20 49:9 49:23 149:3,8,8 196:7 224:19 225:15 longer 21:8 156:12 157:7 look 26:21 48:23 87:2,4 118:3 119:10 120:13 123:10,11 130:1 135:2 150:18,19 151:18 152:13 160:22 170:3,12 176:15 177:1,15 178:16 179:10 180:1,20 182:18 183:3 184:3 188:17 189:2,19 190:21 219:17	looked 96:8,11 99:24 133:24 146:21 208:10 looking 54:6 86:9 145:19 152:13 155:8 191:13 looks 48:17 87:8 117:23 looser 159:11 los 4:5 loser 159:13 lot 36:13 63:23 64:13,17 154:8 155:17 168:21,23 210:12,18 219:19 227:6 low 94:13 104:2 104:12,15 105:14 105:16,19,23,25 152:25 lower 60:9 64:15 65:2 102:16,18 193:15 lowered 156:24 157:16	madam 244:10 magazine 217:2 217:12 magnitude 179:12 main 1:23 133:20 134:4 maintains 53:21 53:23 major 70:9,13 majored 22:1 making 48:16 182:15 227:25 male 187:3 mallinckrodt 218:11 malpractice 12:12 management 157:24 158:3 236:24 manner 16:7,8 21:7,12 167:21 168:7 187:18,22 222:11 manufacture 207:13 220:22 manufacturer 206:18 210:9 213:13 214:25 215:6 223:21 manufacturers 207:5,11 210:22 210:25 216:21 manufactures 206:22 217:4,24 218:9,16 mapping 89:2 march 6:6 117:8 117:24 118:14,25 128:16 mark 117:12 194:21,22	marked 6:1 85:24 86:3 117:9 122:18 122:22 128:5,9 131:1,5 134:16,20 143:12,15 146:5,9 169:19,22 176:8 176:11 183:20,24 marketed 209:10 209:19 225:21 marketer 224:11 marketers 212:23 213:5,6 marketing 209:25 210:2,8,19 212:6 212:21 213:18 215:4,10 216:10 216:17 219:4,8,12 220:2 224:5,13 226:11,23 228:19 229:2,14 238:15 mart 3:6 mass 74:21 massachusetts 3:15 21:19 materials 120:20 120:22,25,25 121:1 210:22 211:1,5 212:6,21 212:23 213:16,18 215:5 matter 63:25 141:23 172:23 194:20 195:5 225:23 maximal 24:25 mayfield 12:4 33:25 mayor 33:24 34:3 mayors 31:9,19 42:13,20
	m		
	m 3:20 235:15 m.d. 1:19 5:4 11:16,21 13:20 14:24 15:1 23:21 206:8 237:8 242:10 244:8 245:4,9 246:4,13 247:20 ma'am 12:22 13:3 13:9,13 14:15 15:9 16:15 23:6 37:17 46:25 122:8 122:12 155:6 181:6 228:13		

mckesson 4:2 11:10 204:25 205:2,15,18 mcleod 189:5,10 189:20 190:2,25 191:1,12 mdl 1:6,8 mean 22:16 27:2 28:6,19 33:16 37:2 40:6 41:7 42:21 44:4,24 46:23 48:12 50:23 55:1 58:1,4,6 62:2 62:4 63:13 75:22 75:23 77:13 79:22 84:9 87:14 90:24 92:3 100:13,17,19 113:22 114:1 115:23 126:23 129:22 132:23 137:16 147:6 148:1,2 157:1,23 158:25 159:14 168:19 180:8 184:22 192:17 194:4 198:11 199:22 200:24 202:12,16 204:19 210:14,14,18 211:10 214:1 219:22 224:19 225:18 229:8 234:5 238:22,25 meaning 42:4 62:11,24 64:5 71:11 78:16,25 81:20 82:3 99:10 107:18 123:3 130:18 133:14 154:25 163:23 164:14 165:13	197:25 means 13:1,5,6 165:19 183:6 212:2 measure 64:8 73:8 measures 35:4 36:13 41:9 58:8 58:12,16 64:19 66:5 73:8 med 156:11 157:8 medicaid 37:14,15 37:20 38:9,12,18 39:3 193:8,13 medical 14:4 15:24 16:12 21:20 23:2,5,8,11,12,19 24:3,13,20 37:14 37:19 51:16,19,21 105:24 133:19 134:4,6 140:24 141:1,20 160:15 166:19 167:5,8,18 167:20,23 168:6 168:20,25 169:5,8 171:11,13,16 173:12,25 174:11 174:14,15,16 183:10 205:1,3,7 205:12,16 209:18 226:7 229:18 230:8,10 medically 120:2 138:25 139:4 143:5 153:21 154:2,4 226:9,22 227:6,7 228:18 229:1 medicated 119:18 medication 77:3 91:15 95:9 97:3 105:23 114:21,23	115:12 116:25 133:6 138:14 150:20 151:14 152:18 160:8 184:7,15 188:2,11 188:12 190:7 199:4 220:8 224:23 medications 91:8 91:10 92:12 138:7 138:9,13 152:23 153:20,22 154:7 157:3 177:9 182:22,25 183:5 184:11,19 185:13 185:15,16 188:7,9 190:4,6,11,14 191:3 193:17,20 205:8 224:18 235:22 236:3,21 medicine 15:11,12 18:19 21:22 22:5 105:11,13,15,17 105:18 135:12 137:7 150:9,12,15 154:1 158:15 169:13 183:6,10 199:8 209:20 229:25 230:16 medicines 161:9 meds 188:3 192:16 209:11 meet 32:9 49:7 195:17 196:4,7,10 meeting 6:6 28:7 31:8 43:3 48:6,9 49:16,24 50:11,17 52:9 55:9 72:11 72:12 73:7,25 75:9,13 82:14 108:23,25 109:7	111:3,5,8 117:8,24 117:25 118:14,25 120:12 125:14 126:1,3 128:23 129:1 135:17 185:4,8,10 196:13 199:25 200:2,3,7 200:13,25 201:3 201:23 meetings 26:3,7 27:4 38:13 43:7 47:15,16,18,20,21 49:5,9,11,17,25 50:3,6,22 51:5,8 51:11,14,17,22 52:12 66:14,16,18 66:21,23 68:14,18 68:22 71:8 72:5,9 84:16 106:22 107:3,6 112:16 165:18 200:4 201:12 204:8 megan 2:22 11:2 megan.braden 2:24 melanie 163:3 melville 2:10 member 25:3 30:22 31:7 32:21 32:25 33:11,15 34:2,4 41:13 42:1 43:4 45:7 47:14 50:3 51:2 61:4 62:12 69:1 77:5 78:24 101:3,14 106:19 127:19 134:5 141:16 172:18 181:2 member's 81:24 members 27:17 28:15 29:9 33:23
--	--	---	---

[members - named]

Page 23

50:13,25 60:6,20 61:1,20 62:3,24 65:21 67:19 69:8 71:11 74:17 78:19 80:10,20 81:20 82:2,4,7 87:22 88:6 100:18 107:19 110:21 133:15 145:22 163:23 164:4,10 164:14,20 165:13 165:20,24 177:3 230:11,12 231:20 memorized 53:4 memory 53:19 182:9 192:3 mental 168:11 mentioned 14:18 25:2,12 71:6 72:4 79:8 89:25 116:3 125:14 126:3 189:23 208:1 209:1 212:5,19 213:21 214:10,13 229:16 233:7,10 233:14 236:1 237:23 238:3 mentioning 239:4 mentions 191:13 mentor 14:8 mentoring 14:14 mess 231:7 message 87:19,25 88:4,7,10,12,16 189:4 met 32:11 44:17 45:2 110:21 137:20 195:19,25 220:25 metrohealth 119:16,24 120:16	163:8 metz 162:22 miami 3:9 mic 206:4 239:22 michael 4:4 11:8 151:6,8,10 mid 39:20 45:1 midwest 244:17 247:1 migrated 148:18 migration 148:19 mild 199:1 mildly 214:4 milligrams 156:11 157:8 million 53:6 mind 64:8 90:8 234:9 minimal 57:18,19 81:22,23 minority 35:2,8,9 35:11 38:3,4 39:4 45:14,17 94:1 101:21 102:5,8 104:25 105:2 minute 70:21 162:6 231:25 minutes 6:5 49:10 49:14,23 55:4 66:24 67:1 72:12 117:8,23,25 165:18 197:9,12 197:16 201:24 202:7,11,23 208:2 208:15,22 209:2,3 209:7 231:1,4,9,16 237:22 mirror 48:24 missing 47:24 misstates 158:13	misstating 214:12 misuse 133:6 154:7,11 182:24 183:7 193:19 mitigation 235:10 mlanosa 4:6 model 115:19,23 129:18,20,21 moment 54:3 70:21 75:24 87:2 135:2 176:15 192:23 220:19 moments 208:25 213:21 monday 197:22 208:2,9 money 52:6 53:9 58:7,9,10,13,18 59:2,4,5,6,12,14 59:20 60:2,19,21 109:20,22 113:6 133:17 205:20 moneys 53:12 57:10 78:22 113:23 monika 2:14 month 16:23 17:12 20:1,6 23:13,13 24:7,20 38:11 48:2 205:21 month's 55:9 monthly 47:19,20 48:8 49:24 53:17 55:5,7,12 months 20:13,15 25:23,25 26:14 33:4 96:16 156:13 157:4,9,14,17 195:1,2 200:15,17 morgan 2:18 3:2 10:14,17 11:3	206:13 239:14 morganlewis.com 2:21,24 3:5 morning 11:23,24 66:19 79:5 128:20 131:19 142:8 233:6,11 morphine 156:11 mortality 63:8 64:18,23,24,25 76:2 moss 27:22 29:17 56:7 118:11,15 119:12 motion 118:5,9 motor 179:15 move 176:1,3 moved 27:6 43:17 103:7 118:19 119:11 190:8 mudge 3:14 11:5,5 multiple 111:11 111:13 140:3 142:22 214:8
n			
n.w. 2:14 3:15 naively 188:14 naloxone 77:1,2,6 77:24 116:6,11 140:15 name 10:5 11:25 31:4 54:2,4,5,14 54:16 61:13 62:17 92:4,9 111:25 177:4 206:12 221:4 237:10 244:6 245:3,4,15 246:3,4,21 named 112:6,9 162:22 170:5 242:9			

[names - ohio]

Page 24

names 16:4 27:20 138:2 203:16 napoli 2:8 10:21 napolilaw.com 2:11 national 1:6 10:4 22:11 152:3 244:6 245:3 246:3 nationwide 154:19 nature 54:23 138:17 225:2 near 74:16 necessarily 42:2 174:23 175:7 necessary 138:25 139:5 143:5 227:6 227:22 need 57:10 105:24 123:9 165:5 184:6 185:14 188:1 206:5 219:19 needed 36:3 96:4 105:19 needs 67:21 160:8 negative 223:16 negligible 25:18 38:15 neighborhood 39:12 neomed 13:19 networking 80:25 never 86:21,23,24 86:25 87:15 161:23 162:3 177:14 201:10 235:21 new 148:18 178:17 184:20 news 188:10 199:21,23	nice 87:16 night 237:22 nominate 34:2 118:10,20 nominated 34:4,9 34:10,13,15 nonpublic 200:3,4 200:7 nonterminal 156:9 157:19,20,25 158:2,9,23 159:6 normal 102:12 normally 84:1 north 39:11 northern 1:2 notarized 244:14 notary 212:15 242:6 243:14 244:25 245:10,18 246:15,23 247:23 note 141:25 212:1 244:12 notes 27:5 214:12 237:2 noticed 142:1 number 6:1 17:3 17:20 26:5,7,9 36:1 63:20,25 64:15 74:13 100:14,16 119:7 151:21 170:15 183:24 187:19 209:12 224:10 244:7,13 numbers 17:10 123:3 145:19 151:21 152:5,8,14 246:7 nursing 15:23,23 15:24,25 16:1,5,10 16:14,18,25 17:2	17:16 18:2,6,9,11 18:15,23 20:8 21:4 24:16 123:23 123:24 158:6 168:7 184:8,16,21 185:20,24 186:3,5 186:10,16 187:6 187:15 188:2 191:15 192:1,10 193:12,14 nutrition 41:9 ny 2:10	224:7 226:13 227:18 228:20,21 objections 175:2 observations 179:23 181:25 212:5 observed 180:17 182:10 obtaining 236:3 obviously 82:15 219:23 occasionally 72:14 187:13 occasions 109:14 occur 47:18 152:15,17,22 occurred 66:10 113:4 140:8 190:19 october 170:12 odh 178:18 offering 140:15 offers 191:18 office 14:5,5,9,11 14:19 15:14 118:5 161:16 187:5 235:3 243:6 officer 54:1,19 official 27:8 245:15 246:21 officially 187:12 officials 51:11 oh 2:6 14:25 35:23 43:11 59:13 123:7 188:23 216:8 227:21 ohio 1:2,13,23 12:4 19:14,20,22 20:2,9 21:20 35:1 35:8,9 37:9,15,16 37:19 38:9,12,17
		o	
		oarrs 161:4,6,11 161:14 oath 12:24 obesity 36:19 41:9 84:21 85:4,6 object 8:2,4,7,9,22 9:2,3,5,12,13 64:12 102:23 141:14 173:22 195:6 198:20 201:14 211:22 229:3 236:13 objecting 8:6 83:25 objection 8:1,3,5,8 8:10,11,12,13,14 8:15,16,17,18,19 8:20,21,23,24,25 9:1,4,6,7,8,9,10,11 50:20 81:6 131:25 153:23,24 157:10 158:12 159:3,10 171:2,9,21,22,23 172:19,25 173:10 174:22,23 175:6 175:13 178:1 179:1 183:12,13 201:13 211:16	

38:18 39:2,3,4 93:25 94:16 102:5 102:8 105:2 110:9 122:11 129:19 133:3 134:8 135:6 140:24 141:1 163:13 177:16,18 177:25 179:15 180:4 215:13,21 215:23 229:18,25 242:2,7 243:7,15 244:2 okay 12:21 14:10 16:4 19:2 20:8,17 28:23 40:4 42:7 54:24 61:21 62:6 62:10 69:21 80:3 80:8 81:11 87:5 91:5 98:14,18 114:15 123:7 127:24 129:7 130:15 132:4 145:25 147:17 149:3 152:8 153:6 153:14 154:10 155:13 161:19 167:2 168:4 171:20 172:2 175:14 176:18 192:13 198:14 200:6 207:5 239:9 old 148:18 187:6 187:10 older 187:13,16,18 oldest 187:5 once 16:20 111:12 210:15 239:10 ones 17:6 60:11 234:10,11 ongoing 57:11	online 95:18 225:3 op 1:15 open 224:9 opened 86:25 opiate 1:7 10:4 65:19 68:19,23 90:6,14 106:2,4,12 106:17,20,23 107:3,9,12,16,20 107:25 108:4,8,12 108:14,18 109:11 109:19 110:8,13 110:17 111:23 112:13,17 113:2 113:17 114:9 116:20,22 125:20 126:7 128:22 130:11,18 244:6 245:3 246:3 opiates 90:9 104:8 opinion 132:24 212:3,7 opinions 211:23 opioid 77:4 78:1,4 78:5 89:19 90:6,9 90:13,22,23 91:2 91:11,13,17,19 92:11 94:7,9,14 97:14 98:5,20,22 98:24 99:3,8,12,16 100:14,17 106:7 116:1 119:17 122:7,11 129:18 131:21,24 132:7 132:17 137:23 138:13 151:16,22 156:10 157:7 178:5,9,13 179:20 180:12 181:14 182:1,5,15 183:1 186:7 190:1,13,18	199:17 202:16,18 202:20 208:12 210:9 215:7,14,22 218:3 219:13 220:7 222:24 223:15,21 230:20 233:7 234:2,12 235:4 236:3 opioids 89:22,24 91:9 92:20,22 93:4,6,18,21,24 94:2 97:10 103:12 103:13,16,17 104:6 113:8 114:11,19 115:18 133:7 135:25 136:3,8 138:19,24 139:4,9,15 140:15 141:2,7,9,10,13 142:18,20 143:3,4 153:11,16,20 157:3 159:15,18 159:21 160:13 161:23 162:3,15 163:8 180:18 185:18,19,22 186:1 190:8 193:21 194:2,13 194:15 199:12 205:13 210:23 211:1 213:14,19 213:23 214:2,4,6 215:5,11 216:2,7 216:17,21 217:4 217:24 218:9,16 218:19 219:7 220:22 223:2,11 224:6 225:10,17 226:1,7,25 227:15 232:17 234:4,4,6,7 238:5,20	opium 92:17 opportunity 82:8 87:4 optimize 156:14 option 220:9 options 189:21 191:2 oranges 182:14 order 67:20 147:21 180:21 organization 40:1 40:3,6 42:4 62:5 78:8 80:12 100:22 organizations 38:23 39:8,10 80:25 115:25 129:24 orthopedic 186:15 outcomes 224:15 outline 139:22,25 outlined 182:21 outreach 23:11 24:4,13,21 outs 58:7 81:10 114:25 115:1 outside 114:14,16 oval 125:19 overall 62:4 overdose 77:4 94:7,8 96:3 99:20 100:4,7 101:1,4,16 102:3,22 103:4,10 103:23 106:7 140:17 151:9,11 177:19 234:18 overdosed 151:12 overdoses 103:15 150:20,25 151:22 152:15,22 177:25 180:5 194:9 234:15,19 235:4
---	--	---	--

[overflow - people]

Page 26

overflow 186:17 overly 228:8 overmarketing 209:24 213:23 214:2 oversee 18:5 overseeing 44:5 oversight 214:21 oxford 2:19 oxycodone 154:21 221:24 222:2 oxycontin 91:11 221:9,12,17 225:21	paid 92:21,24,25 93:5 94:24 95:1 121:11 pain 6:20 91:8,10 91:15 95:9 97:3 105:11,13,15,17 105:18,23,24,25 135:11 137:7 138:7,9,20,25 139:5 142:16 143:6 146:5,16 150:9,11,15,20 154:1 156:9 157:7 157:19,20,22,24 157:25 158:2,3,10 158:15,23 159:2,7 159:12,14 160:1 161:9 199:2,8 209:11,13,15,20 209:21,21 210:15 210:20 213:1,17 214:15 215:1 219:16 220:3,8 224:3 227:14,14 236:4,21,24 painkillers 6:19 146:4,16 149:15 156:10 paper 205:5 papp 162:24 par 3:12,12,13 11:7 218:23 paragraph 130:2 151:18,25 152:5,9 154:18 156:7 180:1,21 183:4 191:12 parcel 59:7 parent 187:11 parentheses 119:13	parents 187:8 parren 137:12,13 137:19,21 part 14:3,8 16:1,2 16:3 21:21 23:22 69:17 93:2 94:1 103:6 153:16 154:13 157:18 166:19 196:21 202:21 246:9 participate 201:9 participating 191:19 particular 18:17 26:23 58:24 59:7 59:18 67:9 76:22 94:9 102:22 103:10 110:2,5 121:8,17 122:5 126:19 140:22 142:3 165:7 211:3 particularly 63:12 parties 10:9 partnership 13:19 67:14 parts 115:20 party 203:8,14 243:3 pass 125:13 191:18 206:4 237:3 239:22 passed 72:13 225:19 patch 223:3,5 233:14 patience 240:10 patient 137:22 156:15 160:2,8 171:5 172:7 173:1 173:3 174:3,4,7 175:4,10,12,16	186:19,22 187:5,9 212:22 215:13,22 219:12 220:3,7 224:15 236:14,17 patients 15:16,17 18:11,15 23:4,7 36:22 85:8,17 91:6 94:25 95:3 97:22,23 98:3,5 135:11 137:8 140:16 142:16 145:14 149:12 150:10 153:5,7,10 154:14 156:9 157:20 158:9,23 159:2,7 161:9 178:5,9 180:18 181:22,25 182:11 182:13 185:20,21 185:24,25 186:5,6 187:15 188:11 192:25 193:8,11 193:12,14 194:5 199:2,7,11 212:24 219:16 224:2 226:2,11 236:2,11 236:24 pause 84:8 pay 164:7 pays 20:13 peer 149:23 150:5 150:8 people 35:5 40:2,7 41:9,11 50:10,15 50:18,23 69:19 83:10 90:19 138:3 151:21 152:9 164:8 183:5 187:7 187:20 194:9 197:19
p			
p 162:25,25,25 p.m. 240:13 pa 2:20 packet 55:5 71:7 72:10,18 73:2,14 page 8:2 87:17,18 88:18 118:3,4 119:4,11 123:11 125:3 131:8,11,17 131:17 134:23 144:5,20,23,25 145:18,19,20 146:15,19,23 147:1,4,14,20 148:10,12 149:4 149:23 150:1,4,18 150:23 152:13,14 154:14,17 155:8 156:6,8 160:23,24 161:1,21,22 170:1 170:3 177:6,10 182:19 184:3,4 189:3,3,6 190:23 191:22 192:15 244:13,15 246:7 247:3			

[perceive - post]

Page 27

perceive 224:5	perused 109:8	174:1,3,4,7,18	177:6 209:5
perceived 202:8	140:14	199:2 204:16	212:14 214:11
202:11 212:4	pharma 1:13	215:1,15 230:6	244:11,11
percent 17:1 79:20	pharmaceutical	236:14,17	pllc 2:8 3:19
104:20 187:3,4	2:17 3:12,13,13	physicians 18:4,5	plural 90:10,13
193:9	155:15 202:25	18:8 22:11 30:12	plus 15:5 29:11
percentage 14:1	203:20,22 209:11	30:15 209:9	49:25 50:25
16:23 79:16,25	214:25 218:24	214:14 230:10,18	point 45:15 68:8
104:22 193:7	219:8 220:12,13	picture 145:21	142:20 175:5
perception 209:1	226:11,23 228:19	150:21 151:19	178:8,14 179:11
209:22 212:8	229:2,14	152:3,7 156:8	180:13 188:10
213:22	pharmaceuticals	pictured 87:23	207:23 219:4
percocet 222:4,18	3:12 197:19	151:4 177:3	223:14,19 227:25
performance	203:24 206:19	pictures 150:24	228:14
164:11	pharmacies	piece 208:2 209:2	points 180:2
peril 204:5	154:19	209:7 220:2 231:1	poisoning 73:9
period 178:12	pharmacist 166:7	231:4,9,16 237:22	76:6,8,12 179:13
periodically	238:4,14 239:5	pilot 191:14,17,25	poisonings 177:8
144:12	pharmacists	pittsburgh 2:20	polish 163:5
person 54:23,24	224:20 238:3,18	place 172:14	polster 1:10
90:1 112:1,2	pharmacology	242:20	poor 193:6
116:22 138:11	166:14,20,21	places 69:10 95:19	pop 95:16 96:10
152:16,16 173:3	167:5,8,9	114:22 147:25	96:20,23
189:25 196:10,12	pharmacy 170:14	plaintiff 203:2	population 104:14
223:9	170:15,25 192:16	plaintiffs 239:22	104:21 153:1
personal 171:10	192:21	240:5	167:22 182:4
171:13,15 212:4	phone 11:1 49:15	plan 184:24	186:19,23
personally 82:11	170:14 172:9	planning 66:1,8,13	porter 3:14 11:6
85:1 99:11,19	196:11 224:25	66:17,24 67:2	portion 13:22
100:2 245:11	239:21 244:3	68:2,12	16:16
246:15	photo 177:2	plateaued 181:18	position 13:25
personnel 46:10	photograph 87:21	182:2	14:3,7 24:3 26:23
48:15	phrase 233:2	play 28:20 46:10	33:14 35:12,14
persons 197:18	phrased 59:10	57:16 65:21 78:19	36:3 39:15,18
perspective 13:2,4	phrasing 153:4	80:9,14,19 81:20	54:17,20 210:4
37:3,5 38:1,4	physical 120:24	88:6	positive 69:15
67:18,19 114:7	physician 13:21	played 88:9,15	possibility 191:14
181:19,21 207:4	18:3 29:16 30:15	plaza 3:8	possible 70:19
210:1,3	31:5 36:14 37:5	pleadings 198:3	post 150:22
perspectives 39:25	137:14,15 171:5	please 11:15,25	186:15
	172:7 173:1,11,23	12:18 21:15 87:18	

[posted - prioritize]

Page 28

<p>posted 149:21</p> <p>potential 34:1,4 105:8</p> <p>power 44:14</p> <p>powerpoint 73:22</p> <p>powerpoints 235:7</p> <p>practice 13:21 14:12,20 15:6,10 15:11,14,19 18:21 18:24,24,25 20:23 23:9,15,17,25 36:20,24 85:17 97:21 98:3 127:5 127:6,10,15 141:20 142:8,25 144:1 145:15 153:1 157:2 158:5 161:15 186:4,6,18 186:24 192:24 193:4,8,11 199:10 229:24</p> <p>practices 135:25 136:3 139:8 141:2 141:5 142:21 161:2,20</p> <p>practitioner 143:2</p> <p>predicate 173:4</p> <p>predominant 182:3</p> <p>predominantly 187:16,18</p> <p>pregnancy 63:9 64:21</p> <p>premed 14:4 22:2</p> <p>preparation 195:18 196:21</p> <p>prepare 195:13 196:14 207:20 234:22</p>	<p>prepared 210:22 232:19</p> <p>preparing 197:3</p> <p>prescribe 105:14 105:17 137:7 138:7,9 142:18 156:21 157:7 159:15,18,21 161:17 227:21</p> <p>prescribed 141:9 141:12 161:24 162:4 221:5,7,9,24 227:20 235:22</p> <p>prescriber 131:15 133:22</p> <p>prescribers 161:8</p> <p>prescribing 105:11,12,18,22 135:6,25 136:3,8 138:19,24 139:3,8 140:22 141:2,7,9 142:20,21 143:3 158:15,18,19,25 159:5,25 160:13 161:8 162:15,19 224:21 225:4 228:11,17 229:17 229:21 236:21 238:5,20</p> <p>prescription 1:6 10:4 65:16 92:12 93:15 103:16 133:6,22 135:7 139:15 150:25 153:10,16,20 177:8,19,24 178:20,24 180:4 180:23 181:5 182:22,25 185:21 191:2 193:17,25 199:12 205:13</p>	<p>210:9,23 211:1 213:14,18,23 214:2 215:5,7,10 215:14,18,22,24 216:1,6,17,21 217:4,24 218:2,9 218:16,18 219:7,7 219:11,13 220:22 222:24 223:2,11 223:15,20 224:5 224:18,22 225:10 225:16 226:1 228:3 233:18 234:4,7,10,11 238:2,24 244:6 245:3 246:3</p> <p>prescriptions 186:1,7 194:10 224:4,8 226:10,18 226:21,22,25 227:6,8 228:4,16 228:25</p> <p>presence 221:18 242:15</p> <p>present 4:7 10:7 32:17 34:1 43:19 51:7 130:11 137:21,24 196:17 200:5,8,12 234:24</p> <p>presentation 42:20 45:12 56:3 67:11 73:22 76:8 76:10 78:2 93:25 94:6 97:20 98:24 101:19,21,24 102:3,4,8 103:4,8 103:9,15 105:1 184:18 185:2 235:3</p> <p>presentations 47:12 67:3,5 77:7</p>	<p>98:22 111:11 121:3 126:20 137:1,4 180:12</p> <p>presented 31:10 32:6,7 33:5,8,17 43:16 52:7 55:23 76:4 111:2,4,8 137:10,12 138:3 214:20</p> <p>presenters 138:18 138:23</p> <p>presents 189:25</p> <p>preserve 196:24</p> <p>president 27:1,3 27:15 56:5,6 118:6,6,11,16,21 118:25 120:7,9,10</p> <p>pretty 81:8</p> <p>prevalence 186:7</p> <p>prevalent 178:12 178:15</p> <p>prevention 163:12 178:20 180:24 181:5</p> <p>previous 174:25</p> <p>primary 15:12 186:22</p> <p>prince 95:15 96:1 96:3 97:4</p> <p>prince's 96:7</p> <p>printed 82:16 86:3 109:3</p> <p>printout 6:17,19 143:10,16,23 144:4 146:3,10</p> <p>prior 49:15 201:3</p> <p>priorities 65:23 68:4,11,16 69:3,22 79:2 83:19</p> <p>prioritize 66:5</p>
---	--	---	--

[priority - purposes]

Page 29

<p>priority 68:20,24</p> <p>private 13:21 14:12,19 15:6,10 15:14,19 18:21 20:23 23:9,17,25 110:18 141:19 142:8,24 143:2 144:1 145:15 186:4,6,18,23 192:24 193:4,7,11</p> <p>privilege 171:5,16 173:1,5 174:3,7,8 175:4,10</p> <p>privileged 172:7</p> <p>pro 27:1,15 118:6 118:21,25</p> <p>probably 24:5 27:16 55:1 64:2 66:12 75:16 85:3 98:7,21 118:2 155:16 158:21 168:1 178:2,6 180:7 187:3,5,21 187:22 193:5,9,13 193:14 196:8 199:22</p> <p>problem 55:16 97:13,17,22 98:4 98:16,19 99:7,12 99:17 115:17 127:4,5,9,14 132:18 142:14 178:13,22 179:5,7 179:12,19,24 180:13,23 181:14 182:1,5,20 183:1 188:15 193:20,24 194:2,14 202:14 202:15,16,17 234:2,12</p>	<p>problems 127:16 178:5,7 180:17 186:20 194:1,6</p> <p>procedure 241:7 245:5 246:5</p> <p>process 43:15 82:18 236:22</p> <p>produced 117:17 131:7 169:25 172:3</p> <p>production 155:25 156:4 244:15,17 244:22</p> <p>profess 169:6</p> <p>profession 29:22 30:3</p> <p>professional 22:12 92:19 93:2,3 94:18,21,23 97:5,5 222:11,21 223:6</p> <p>professionally 221:17</p> <p>profile 137:22</p> <p>program 63:23 64:5,8 73:11 106:6,8 191:16,25 192:8 235:18,21 235:23</p> <p>programmatic 114:10,18</p> <p>programs 63:16 63:18 64:3 65:8 65:11,15,18 108:11 115:14 164:16,21 165:15 165:21,25</p> <p>progress 182:15</p> <p>project 114:20,21 115:10 116:3,4,8 116:14,17</p>	<p>promised 239:10</p> <p>promoted 164:9</p> <p>promotion 164:8</p> <p>prompt 102:7</p> <p>prompted 75:23 101:20 102:4 219:13</p> <p>properly 184:19</p> <p>properties 59:15 225:16 226:1,7</p> <p>property 53:10 79:10</p> <p>propofol 151:12 151:13,16</p> <p>proportionately 102:17</p> <p>proposed 71:21,25 120:5</p> <p>pros 224:14,17 238:2,4</p> <p>provide 18:15 20:20 107:15 113:16,20,24 119:18 142:17 164:20,25 165:11 165:14 181:11</p> <p>provided 11:17 165:8 211:1 214:25 222:14 223:21</p> <p>provider 215:16 215:17</p> <p>providers 156:8 156:16 161:3,11 210:19</p> <p>provides 108:3</p> <p>providing 221:21 224:1</p> <p>psych 167:22</p> <p>psychiatric 167:22 168:2 187:19</p>	<p>194:5</p> <p>psychiatrists 167:25</p> <p>psychiatry 167:19</p> <p>psychology 22:1 167:17 168:5,14 168:15</p> <p>public 6:3 41:19 50:6 63:5 65:23 66:21 70:9,17 80:10,10,16,20 81:2 82:17 83:16 83:23 84:6,14 85:10,23 86:13 91:1,3 97:13 99:7 107:6 130:5,12 131:20,23 132:6 180:22 200:2 242:6 243:14 245:10,18 246:15 246:23 247:23</p> <p>publication 150:2 150:5</p> <p>publicly 86:5 117:21 143:17 146:10 176:14</p> <p>publish 96:16</p> <p>published 82:9,12 82:15,25 95:17 96:17 177:23 178:4</p> <p>purdue 1:13 218:13,15</p> <p>pure 154:20,21</p> <p>purely 150:10</p> <p>purposes 85:24 117:9 122:18 128:5 131:1 134:16 143:12 146:6 169:20 176:9 183:21</p>
---	--	---	---

[pursuant - reflected]

Page 30

<p>pursuant 25:19 241:3,6 pushed 210:5 put 32:14 50:21 72:15 74:14,22 83:18 90:1 99:25 105:20,24 136:22 171:1,9 172:24 175:24 209:24 211:15 214:4 239:16 putting 81:20 99:22 100:1 147:13 166:23</p>	<p>quite 148:20 quotas 155:25 156:4</p>	<p>reason 142:11 175:2 244:14 246:8 247:3 reasons 186:15 recall 66:10 119:23 120:19 133:8 138:2 180:10,11,14 207:20 213:5,17 215:4,9 221:11 222:25 223:12 237:21,24 238:17 238:21</p>	<p>recollection 211:12 212:16 recommend 161:10,12,20 recommended 161:3 record 10:2 12:1 28:10 54:9 70:22 70:25 123:5 142:1 142:6 162:7,10 171:2 172:25 173:7 174:3 175:20 179:16 195:22 211:16 212:1 215:21 232:2,5 239:11,17 240:11 246:9 records 81:2 recovery 128:23 129:2 recreational 183:8 recycling 89:2 reduced 242:14 refer 91:7 158:3 reference 244:7 245:2 246:2 referenced 149:10 173:3 242:13,18 245:11 246:15 referred 157:24 referring 66:18 84:18 149:18 185:14 188:22 189:7 195:23 205:4 227:11 236:23 reflect 28:10 54:10 144:12 195:23 239:12 reflected 201:23</p>
<p>q</p>	<p>r</p>	<p>receipt 113:10 133:15 244:18</p>	<p>receive 16:11 25:12,17,21,24 26:14 47:11 55:7 55:24 72:5,6,9 101:3,7,10 107:11 110:14,18 229:21</p>
<p>quadrant 125:20 qualified 242:8 quality 209:16 225:19 quantify 142:15 quarterly 38:13 question 39:24 84:4 132:4 141:21 144:19 171:6,18 171:22 173:2,22 174:24,25 175:11 175:17 212:10,11 212:15 228:23 229:6,9 237:25 questioning 175:18 240:4 questions 74:13,21 155:17 171:10 172:7,22 173:24 201:18 204:5 206:4 207:2 212:2 233:14 237:12 239:14,20,21 240:6 quick 206:6 239:10</p>	<p>radar 157:4 199:1 ramped 225:20 range 70:1,6 74:3 83:16,20 rarely 187:7 reaction 188:12 read 49:21,22,22 83:2,4,5 109:6,10 119:20 123:4 130:5 132:1 140:7 140:11,13 150:21 177:9,12,14,20 179:17 191:6,8 197:7 212:13 224:21 240:7 245:5,6,12 246:5,6 246:17 reading 83:10 244:19 realize 90:12 really 27:5 37:24 39:20 67:19 75:14 82:17 94:12 96:1 96:15 136:14 141:6 143:3 163:10 164:19 197:10 202:8 209:14 210:4 221:2 224:8 225:22 226:4 231:5 237:20 reappointed 43:11 43:13,14,18 reappointment 43:16</p>	<p>receive 16:11 25:12,17,21,24 26:14 47:11 55:7 55:24 72:5,6,9 101:3,7,10 107:11 110:14,18 229:21 received 23:14 101:15,19 133:2 154:19 156:10 163:20 195:11 200:24 212:21,23 229:17 234:1 receives 53:16 55:18,21 79:12 110:8 116:21 163:16 receiving 19:7 201:3 213:17 214:5 219:16 recess 70:24 162:9 232:4 recognize 86:7,8 117:13 143:20 220:3 recognized 128:21 129:23</p>	<p>received 23:14 101:15,19 133:2 154:19 156:10 163:20 195:11 200:24 212:21,23 229:17 234:1 receives 53:16 55:18,21 79:12 110:8 116:21 163:16 receiving 19:7 201:3 213:17 214:5 219:16 recess 70:24 162:9 232:4 recognize 86:7,8 117:13 143:20 220:3 recognized 128:21 129:23</p>

[regarding - resolved]

Page 31

regarding 76:8,11 141:16,17 162:18 212:5 213:18 215:5 222:2 223:14 224:5 229:17 232:20 234:2,18 241:2,11 regular 113:3 119:6 regularly 82:24 regulated 216:2 regulates 155:22 216:16 regulations 161:12 reimbursement 16:11 reintroduce 206:12 relate 65:12,15,18 103:16,20 114:19 116:14 related 69:7 76:25 78:1 79:10 81:9 89:15,19,22 91:22 92:20,22 93:4,6,11 93:14,17,21 97:13 98:22,24 99:2,24 101:19 103:23 107:11 113:7,7 114:11,21 115:9 115:11 116:1,5,25 120:20 121:4 122:7,11 130:11 131:24 134:7 139:14 163:8 171:11,14 182:20 190:7,18 197:1 206:16 221:3 235:4,10 236:20 relates 1:11 36:21 234:12	relating 76:15,20 76:23 77:8,15 96:7 98:19 103:23 relation 113:10 relationship 45:20 174:5 175:12 relationships 19:9 20:11 relative 104:12,13 104:17,19 243:2 relevancy 174:9 174:20 relevant 142:12 172:11 190:14 relief 236:4 remember 27:19 50:5 60:12,25 63:10 67:6,8,10,12 68:6,7,17,21,25 72:19 75:11 76:16 76:22 77:23 78:6 97:11 98:23 101:13 103:8 107:22 108:22 109:1,16,17 112:1 112:2,23 118:24 121:7 122:2 126:1 126:6,8,12,13,15 126:19,21 129:4,5 129:12,15 132:3 136:6 137:10 138:21 139:12 148:13,24 149:1,5 152:12 155:5 176:21 177:13 179:3 181:3 184:10,13 185:5,7 185:11 192:9,11 192:18,22 200:12 221:2 232:22	remembered 23:10 192:11,12 remembering 68:13 126:24 remind 44:23 remotely 10:8 removal 22:18 removed 19:17 removes 235:14,18,21 235:23 renewed 24:9 46:18,22 rep 220:13,15,17 220:25 223:5 repeat 212:11 replacement 186:14,14 report 6:4,24 73:23,24 74:2,6,16 74:19,22,25 75:9 75:21 76:11,14,19 77:8,17 78:3 82:13 83:18 85:23 86:14,15 87:6,10 87:10,18 88:3 89:10,15,19,22,25 94:2 108:17,21 109:2,4,6,10 176:8 176:23 reported 180:4 229:13 234:14 reporter 5:8 11:15 12:20 245:7 reporter's 5:6 242:1 reporting 42:25 89:4 reports 81:12,14 81:17,21 82:4,8,12 82:23 83:3,8,16,22 84:2,5 108:15	109:15 232:20 represent 10:9 92:5 206:14 237:11 representative 32:3 73:11 223:17 223:20 representatives 31:22 32:1 reps 220:23 221:12,14,16 222:1,6,9,17,24 republished 95:19 request 74:18 171:12 246:9,11 requested 241:1,6 241:10 requests 81:2 require 52:2,20 required 56:15 59:19 60:4,5,7 244:25 requirement 17:7 30:14 requirements 30:18 142:23 159:11 requiring 142:16 research 99:12,16 99:20 100:3,7,10 147:4,11,19,23 148:5 155:8 researching 148:9 residency 21:22 22:4 resolution 119:13 119:24 120:5,20 121:4,8,11 resolutions 119:7 resolved 119:15
--	--	---	--

resource 184:7 185:15 188:1 resources 46:8 128:23 129:2 181:11 184:11,15 respect 174:10 222:7,10,18 232:17 respond 12:19 123:9 170:20 175:15,17 190:22 191:22 responded 207:14 responding 174:22 responds 170:22 response 188:17 responsibilities 36:2 responsibility 219:24 restaurants 69:9 69:16 resulted 228:18 retained 5:8 retaliation 209:23 retired 29:21,23 30:2,4 returned 244:18 revenue 79:8,13 79:18 reverse 77:3 review 24:18 49:14 53:17 60:8 60:18,23 61:2,5 82:8,11 84:2 89:13 121:1 149:20 163:25 164:4,6,15,18 196:20 197:4 229:23 241:2,6 244:12 245:1	246:1 reviewed 149:24 150:5,8 198:3,6 207:19,24 211:5 225:9 reviewing 120:19 reviews 164:11 165:25 revision 164:7 richards 2:4 10:22 10:22 28:9 50:20 54:9 64:12 81:6 83:25 102:23 131:25 141:14 142:13 153:24 157:10 159:3,10 160:24 171:1,21 171:25 172:4,6,19 172:21 175:15 178:1 179:1 183:13 195:6,22 196:1,5,18 198:19 201:14 211:15 226:13 227:18 228:21 229:3 231:24 236:13 239:13 240:7 244:5 right 14:16,20 15:8 17:16 20:21 25:4 29:1,3,9 30:11,23 34:14,21 36:7 44:18 46:17 47:22 48:1,19 50:16 54:6 55:9 56:21 62:17,22 63:10 71:9 72:6 72:20 79:8 81:8 84:8 86:19 87:23 88:23 89:6 90:3 92:13 93:5 103:20	115:12,13 120:17 121:12 123:4,13 125:4,20 127:7 128:17 129:24,25 132:20 133:10 136:5 140:1 143:19 144:3,6 145:12,15,20,23 146:13,17,21 149:15 152:14 153:8,17 154:3 155:9 156:17 158:4,20 160:5,9 168:8 170:6,22 172:10 174:10 175:1 177:4 182:2 182:18 184:8 185:5,22 187:16 190:15 191:3 193:21 198:1,25 199:14 204:23 211:18 214:16 229:19 233:8,15 233:22 240:2 risk 137:9,23 140:17 153:3 235:9 risks 160:18 182:21 199:13 rite 3:2 10:17 142:7 237:11,14 237:18 238:19 road 2:9 6:3 85:22 86:13 roadrunner.com. 124:18 role 24:20 44:2 46:10 47:8 56:8 56:11,13 57:16,19 65:21,25 78:19 80:9,14,19 81:19	81:24 88:6,9,15 131:15,20 133:22 155:14 160:17 202:24 room 50:16,19 239:19 rotations 167:19 roughly 136:11 routes 88:25 routinely 51:11 72:9 rpr 1:25 rules 236:20 241:3 241:7 245:5 246:5 run 57:10 63:16 63:19 188:13 rx 219:1
s			
s 235:15 244:15 246:8,8 247:3 saber 123:22 saberhealth.com 124:5 128:14 saberhealth.com. 123:16 safe 88:25 safety 156:15 salaries 164:6 salary 17:23 samosky 170:5,24 saturday 66:19 saw 89:20 98:24 102:3 103:3,15 109:7 140:19 197:9,15,22 202:22 208:16 209:3,6 212:8 217:11 231:16 saying 28:20 59:25 64:14 71:22,24 115:3 123:1			

[saying - showing]

Page 33

132:23 152:3,6,7 153:25 157:6,12 158:1 167:23 173:17 175:9 184:21 186:19 191:22 202:20 216:9,13 227:1 228:1 says 86:13,18 118:9,18 119:11 121:11 125:12,20 126:2 127:8 128:19 130:2 131:18 133:2,19 134:3 135:4 145:3 151:20 152:1,2 156:8,18 170:13 176:25 177:8 178:17 180:3,25 182:19 183:4 188:19 208:12 scenes 52:14 schedule 208:7,9 schizophrenia 194:7 school 21:21 89:1 89:1 166:19 167:5 167:8,19,20 168:6 168:21,25 169:6,9 226:7 schutte 3:3 5:5 10:16,16 142:5,6 172:24 174:2 175:1 195:24 237:9,11 239:9,18 240:2,9 scope 81:24 132:17 172:17 scott 3:3 10:16 142:6 237:11	scott.schutte 3:5 screen 147:6,22 screenings 24:17 seal 243:6 245:15 246:21 second 118:10 119:3 130:1 184:3 seconded 27:6 34:16 43:17 118:19 119:12 secretary 27:8 28:18,21 29:3,5,7 29:12 see 18:11 23:4,7 25:18 29:8 39:25 39:25 40:2 44:5 54:25 55:2,11 67:3 72:18,19 82:20,23,24 83:3 85:8,17 86:9,18 87:18 88:19 89:17 96:13 108:20 118:7,11,22,23 119:7 121:10 123:11,15 125:2,6 125:10,18,23,24 128:12,24,25 131:10,14 132:24 133:1 134:23 139:1 145:1 151:1 151:2 161:4,8 170:4 177:2 179:10 182:22,23 184:2 185:1 186:23 187:7,7,9 187:11 188:23 191:11,21 197:12 197:21 210:11 216:8,12,21 224:25	seeing 15:16,17 102:12 176:21 180:11 188:23 215:4,9 seeking 183:8 204:1 seen 86:22,23,24 86:25 87:16,25 89:14 108:17 109:14 117:25 176:19 178:4,8 185:6,9 208:1 210:8 217:1 231:4 235:6 sees 199:2 segment 197:14,15 197:16,17,21 selects 81:16 send 135:8 205:20 sending 170:24 sense 42:24 69:8 73:15 165:17 167:25 203:19 211:8 225:19 sent 52:13 208:14 208:15,16 sentence 133:1,18 157:18 177:15 178:16 180:2,25 182:19 183:3 separate 66:16 september 35:24 125:3,16 131:11 194:25 serve 30:18 37:11 38:18,22 41:1 43:11 53:11 142:9 served 27:11 35:22 38:25 39:7 serves 29:4,6,11 145:3	service 69:8 services 19:15,19 19:21,22 20:2,9,20 37:10 38:17 39:3 serving 49:18 145:10 session 68:3 sessions 66:2,8,13 66:25 67:3 68:12 set 49:15 62:25 121:14 127:24 130:15 134:10 140:22 145:25 183:15 243:6 sets 52:11,14 setting 20:8 93:24 114:15,22 122:4 155:16 201:19 214:11,14 severe 142:17 shadowing 14:6 15:7 share 115:25 sheet 244:13 246:7 246:10,18 247:1 sherrie 27:21 29:14 shkolnik 2:8 10:21 short 20:5 shots 147:6,22 148:1 show 123:2 129:3 129:11 136:12 177:17 showed 127:11 163:9,10 195:15 showing 86:2 117:12 122:21 128:8 129:11 131:4 134:19 143:15 146:8
---	--	---	--

[showing - standard]

Page 34

169:22 176:11 183:23 shown 244:16 shows 143:24 side 224:12,25 239:19 sids 64:19 sign 209:13 214:16 215:2 signature 241:5 243:13 244:14 signed 245:13 246:18 significant 22:14 22:15 133:5 167:22 187:19,21 187:24 199:9 significantly 21:8 139:20 194:14 209:10,19,22 225:20 signing 244:19 signs 178:10 220:3 similar 115:21 simon's 89:1 simply 183:5 sincerely 244:21 singular 90:10,12 90:14,14 sir 244:10 sisters 32:15 sit 27:17 237:13 sits 29:2 54:7 sitting 28:6 37:7 122:2 174:12 situation 20:16 182:16 six 20:13,15 22:20 25:23,25 26:14 27:18 32:12 200:15	sketchy 214:13 skin 205:10 skip 206:25 sleep 64:19 151:15 slightly 187:14 small 20:4 56:11 191:14 smiley 210:17 212:20 smooge 187:13 solutions 3:11 244:1 247:1 somebody 13:11 52:16 95:21 100:25 122:1 158:2 somewhat 37:6 106:3 sorry 28:4,11,14 42:23 47:25 54:5 54:5 58:15 60:12 99:1 100:19 113:14 117:19 120:4,8,15 124:2 129:9 147:7 153:13 159:11 161:1 170:2 193:25 sort 16:19,22 25:16 27:7,9 36:21 57:8,9 63:5 66:2 75:24 80:1 96:12 97:18 132:12 137:4,22 138:10,12 166:24 178:7 182:13 186:16 209:23 210:5 212:3,7 213:22 214:23 238:7	sound 155:10 sounds 133:10 source 121:17,24 151:24 152:2,4,4 154:22 155:3 214:5,18 225:3 229:22 sources 53:7,15 79:6 108:2 110:19 116:20 122:5 147:10 214:8 224:16 238:1 spaced 123:7 speak 79:3 82:1 85:15 182:16 speaking 32:12 144:15,16 239:6 spec 219:1 special 150:14 168:10,14,25 169:9,12 specialist 157:24 158:4 specialty 18:18 specific 59:15 73:8 107:22 116:19 139:23 203:17 213:20 219:21 221:3 224:11 236:11 specifically 29:24 30:5,6 76:4 77:12 77:13 95:7 96:7 97:21 98:15 103:8 105:12 108:6,9 116:15 119:2 141:6 144:4 149:5 185:11 222:7 232:12 specifics 215:3 219:12 223:13	specified 24:24,25 158:22 242:21 specify 17:3 157:20 spend 13:23 14:2 14:11,18,23 15:2,4 15:14 16:17,24 17:15,17 20:1 24:19,22 26:10 38:11 48:2 58:13 59:20 109:20 149:3 spending 14:13 59:1,6 60:2,19,21 113:11 spends 57:2,17 58:17 60:10 109:23 spent 148:9 149:8 spoken 111:10,13 111:16,22 112:18 112:19,21 113:1 204:9,17,20 205:18,25 238:4 ss 242:3 st 23:2,4,7,12,18 23:20,24 24:4,14 24:21 137:16 staff 78:25 113:25 114:2 230:10,12 stamp 122:23 128:10 131:6 134:21 169:24 183:25 stamped 86:6 117:21 123:3 143:18 146:11 176:15 standard 211:10 214:22,23
--	---	--	--

standards 139:9 139:14,17,19 140:2,5,7,23 159:1 159:6 160:1 227:10,11,13 standpoint 209:18 stars 4:4 95:16 96:10,20,23 150:19 start 21:18 120:24 started 66:11 67:11,23 106:17 111:14 210:15 starting 191:14 state 11:25 13:18 13:23 14:8,13 15:2,5,7,19 18:21 19:23 21:1 36:3 37:16 59:3,11 93:8 110:6,9,11 115:20,21,23 122:10 129:18,23 140:24 141:1 144:13 161:23 162:1 163:13 229:25 230:3 242:2,7 243:15 245:10 246:15 statement 72:11 139:2 179:21 245:13,14 246:19 246:19 states 1:1 statistician 166:11 statistics 177:17 182:8 statute 11:18 stay 45:4 49:21 67:21 139:24 stenotypy 242:14	step 35:25 stepped 35:23 stop 178:20,22 226:3 stores 3:6 69:9,15 stories 36:24 story 36:20 208:19 208:22 strategic 66:1,7,13 66:17,24 67:2 68:2,12,16 strategies 235:10 street 2:5,14,19 3:20 strike 97:5 124:3 130:9 204:6 210:7 219:4 221:14 223:24 233:5,24 234:22 stronger 138:15 strongly 156:13 structured 17:22 stuck 179:3 student 22:2 students 14:4,4,8 14:14 15:7 93:9 study 21:24 subcommittees 61:8,11 62:13 subject 63:25 81:2 131:14 141:23 172:23 235:23 submit 33:10 57:10 subpoena 195:11 200:19,20,21,25 201:4 subpoenaed 141:15 195:12 198:13,14	subprograms 64:23 subscribed 245:10 246:14 247:21 subset 74:7,10 substance 65:13 68:15 76:15,20,24 77:9,16 78:4,5 89:16 93:12 94:19 95:3,8,11,14,16 97:2,6 104:17 120:22 149:14 152:18 232:20 substances 135:6 152:23 153:15,21 155:22 156:1,4 235:11 suburban 102:15 suffering 224:2 suggest 175:20 suggested 194:8 suggestion 219:15 suggests 175:21 suicides 179:16 suing 197:19 suit 209:23 suite 2:5,9 3:9,20 244:2 summary 71:7 72:6 sunday 197:9,13 197:23,25 superior 244:1 supermarket 89:1 supplies 205:1,3,6 205:8,12,16,16 supply 155:15 202:25 support 53:13 108:12 113:16,19 113:22,25 115:20	supporting 113:13 114:8 supposed 157:23 sure 12:19 17:9 40:17,18 48:14,16 53:10,12 54:21 57:25 58:20,22,23 59:8,23 60:2,16,17 60:17 61:9 62:25 64:16 65:3 77:18 79:11,14 81:5,7,8 82:24 83:19 91:4 91:23 92:8 98:17 99:4 100:11 109:16 110:12,25 112:8,19 115:5 124:22 126:9,12 126:13 132:2,21 138:1 139:21 145:9 163:2 176:22 185:23 188:19,24,24 189:20 191:9 198:11 201:6,7 205:9 208:8 212:12 215:20 220:1 232:1 238:6 surgeons 22:11 surpassing 179:15 surprised 45:8 102:10,13 129:8 148:22 180:15 surrounding 194:13 suspect 230:7 swear 11:15 126:25 switch 206:6 sworn 11:18 42:19 242:10 245:10,13 246:14,18 247:21
---	---	---	---

[system - think]

Page 36

system 64:9 120:17 143:1 systems 119:16,25	tapered 236:8 task 106:2,5,12,17 106:20,23 107:3,5 107:9,12,16,20,25 108:4,8,12,15,18 109:11,15,20 110:8,14,18,22,22 111:9,16,23 112:13,17,22 113:2,9,17,20,25 114:5,7,9,13,14,17 114:25 115:2,6 116:20,22 128:22 129:18 134:7 190:1 tattoo 19:15 22:18 tattoos 19:16 taught 93:20,23 214:15 tax 53:9,10 79:8,9 79:10 tb 205:10 teach 93:8,11,14 93:17 team 78:12,13 technology 30:9 ted 137:12,13 teen 63:9 64:21 teenager 183:9 teens 183:7 tell 13:7 17:9,10 21:15 39:19 44:24 45:24 61:13 72:21 189:12,17 195:9 199:16 204:9 209:5 214:7 236:11 telling 75:14 222:22 238:14 tem 27:1,15 118:6 118:21,25	ten 17:11,12,13 21:9,11 24:5 37:21 39:16 98:7 98:9 111:17 113:1 140:4 tend 194:6 term 35:23 47:6 90:21,24 91:2 99:6 terminal 159:2,7 159:12,14 160:2,2 terms 43:12 48:15 64:11 67:1 78:22 79:9 90:5,17 113:5 114:18 133:17 152:24 153:2 186:6 209:13 terry 28:17,23 29:11 32:8,9 33:19 42:21,23 43:19,25 44:7,18 44:20 45:2,4 46:23 55:2,13 74:14,21 78:14 123:12 125:7,12 128:13,19 130:2,8 130:10,16 131:12 134:24 135:4,8,13 170:17,19,20 171:8,11,14,24 173:12,15,23,25 174:12,13,16,17 184:5,10,14 185:6 185:12 188:19 189:5,7 190:25 terry's 170:13,25 testified 30:21 84:1 141:17 142:7 211:7	testify 13:10 141:15 242:10 testimony 142:11 158:13 198:7 211:17 229:5 242:13,17 245:6,7 246:6,9,12 tests 205:10,11 teva 2:17 10:15 11:4 206:16,18,20 206:22 207:8,10 216:19 thank 71:3 162:13 167:2 176:17 211:25 227:23 229:12,12 232:7 237:5,7 239:24 240:7,9 thank's 28:1 thanks 190:22 192:13 therapy 156:14 thing 31:13 32:18 66:20 142:16 179:4 199:8 202:7 202:11 217:21 231:12 things 36:21 52:6 54:23 72:15,17,20 76:9 85:16 104:22 115:21 116:1 120:22 132:20 138:16 145:11 165:2,3,4 168:21 168:23 178:21 209:21 210:16 222:4 225:1,12 think 17:5,25 20:21 21:9 27:24 33:16 36:16 38:2 38:21,24 39:6,21
--	--	---	--

[think - treated]

Page 37

40:12,24 42:12 44:17 45:11 52:4 52:22 53:25 54:18 54:22 55:16 56:18 57:7,20 58:24 60:2 61:24 62:17 64:10 66:1 70:19 70:20 71:24 72:16 73:6 75:17 76:3 76:10 79:12,21 85:13 91:12,14,16 91:17,19 96:25 107:1 124:23 126:24 129:10 132:11 139:10 141:3,22 142:11 142:22 144:17 155:7,23 164:23 165:7 173:6 177:12 179:21 181:18 185:9,16 188:14 190:5 192:12 194:8 198:25 202:13 203:11 211:16 217:11 218:1,17 219:22 225:18 226:2 227:18 229:4,5 234:20 237:2 240:3 thinking 19:4,6,7 19:13 28:19 45:1 57:25 71:18 152:24 153:2,5 178:11 216:13 thirty 244:18 thought 26:3 61:23 209:6,8,9 211:5 213:3 214:13 223:7	three 16:2 28:12 75:10 76:17 77:19 77:20,22 85:10 156:12 157:4,8,14 157:17 threshold 60:11 60:14,20 105:14 105:16,19,23,25 throw 196:25 time 10:3,7 12:13 13:22,25 14:2,12 14:23 15:15 16:16 16:23 17:15,17 19:25 24:19,23 45:15,16 47:17 55:3 58:16 66:8 82:21 83:6 96:9 101:13 121:23 124:8 127:5 129:16 132:6 139:14 142:20 148:8 149:8 153:12 155:2,4 156:19,22 157:1 157:16 158:7,16 158:17,22 159:1 159:22 160:7 161:3,21,22 177:22 178:3,11 179:5,16 181:13 188:9 189:11 195:25 196:2 199:9 205:10 207:23 223:14,19 224:10 225:18 227:4,17,19 228:14 237:6 239:23 240:10 242:20 timeframe 140:6 210:13	times 12:9,10 77:20,22,24,25 111:7,11,14,15 113:1,2 140:3 142:23 154:8 219:19 tirf 235:17,21,23 title 53:24 235:12 titled 87:19 144:5 146:15 today 47:23 122:2 141:18 152:22 162:1 185:25 189:24 193:18 197:4 206:19 207:3,7 237:14 today's 195:14,18 196:15,21 226:24 227:10 told 13:11 54:4 122:1 188:4 208:9 208:11 220:11 toledo 21:20,21 tomorrow 189:21 tons 154:20,21 top 72:3 75:15,18 80:6 85:9 86:19 96:8 123:12 125:2 134:23 145:2,19 145:20 152:15 154:18 165:10 180:3 182:19 188:18 191:21 192:14 211:9,13 212:17 topic 147:19,24 201:11 topics 74:18,24 75:2 81:16 totally 60:1	touch 41:9 45:4 67:21 120:23 touches 64:1 touching 168:24 tower 2:4 township 31:22 34:3 townships 31:19 42:14 toxicology 169:4 169:10 track 100:10,12 tracked 100:9 tracking 100:10 tracks 101:1 train 14:3 training 131:15 166:13,16,21,23 167:1,4,7,11,14 168:17,25 169:3,8 transactions 206:17 transcribed 242:16 245:7 transcript 5:1 241:3,6,9,11 244:11,12 245:5 245:12 246:5,11 246:17 transcription 242:17 transferred 52:6 transferring 113:23 travel 89:3 230:16 230:17 treat 91:8,10,15 105:25 158:2,9 treated 220:4 224:3
--	--	--	--

treating 156:9 157:19 219:21 227:13 treatment 119:17 119:18 120:3 138:20,25 139:5 143:6 160:20 210:20 219:17 treatments 19:15 20:4 trend 177:18 178:19 true 144:10,15,17 152:22 169:11 242:16 trust 132:15 136:13 truth 13:7,7,8 242:11,11,12 try 19:16 49:21 99:9 103:1 139:24 141:7,8 142:19 168:21 199:6 206:25 226:3,4 trying 21:8 48:13 126:8 132:10 148:22 184:25 tuberculosis 205:11 tucker 1:22 turn 87:17 88:18 119:3 144:25 145:18 150:17 154:17 156:6 177:6 189:6 turning 131:17 187:25 188:18 192:23 tv 217:22 twelfth 2:14	twice 49:8 two 14:5,9,10,19 14:22,25 15:5,13 20:5 28:12 49:25 66:2,7 77:24,25 94:4 101:25 167:18 type 96:22 types 50:2 219:15 239:3 typical 16:23 50:17 52:8 75:9 typically 83:2,4	undertreating 209:15 undisposed 182:25 193:19 unfortunately 149:22 187:17 uninsured 32:14 unintentional 177:8 179:13 unit 64:7 united 1:1 university 13:18 13:24 15:3,5,8,19 16:7 18:21 21:1,7 21:21 93:8 167:21 168:7 187:18,22 unknown 54:14 unnecessary 226:10,22 227:8 228:18 229:1 unremembered 54:15,16 unused 177:9 182:21 183:5 update 55:6,8,12 74:15,18 144:12 updates 73:16,19 upper 125:19 145:22 ups 207:4 urban 13:19 url 143:18 use 22:18 34:19 65:16,19 68:19,23 90:19,21 92:11 96:2,24 97:14 98:5,20 99:6,8,9 102:15 119:17 122:11 124:4,9,14 130:11,18 153:7 153:10,22 154:12	161:4,16,18 178:5 178:9,13 182:1,5 183:11 199:18 202:16 209:20 227:9 usually 53:6 73:21 74:14 111:6 238:8
			v
			v 1:13 244:6 vacancy 30:25 validate 86:20 valuable 37:4,6 vandetta 4:8 varies 16:19 152:16 variety 80:22 various 178:21 varying 212:24 vas 111:15 vehicle 179:15 venues 224:10 verbal 73:7,21 veritext 244:1,7 247:1 veritext.com. 244:17 vice 45:15 vicodin 222:4,7,10 video 8:1 videographer 4:8 10:1 11:14 70:22 70:25 162:7,10 232:2,5 240:11 videotaped 1:18 view 85:5 139:3 178:23 viewed 211:13 212:16 village 12:4 16:7 31:23 33:25,25

[villages - word]

Page 39

villages 31:19 42:14	walmart 3:6 10:19 237:14,18 238:19	ways 41:5,6 80:22 80:23 138:7,8 153:2	weston 2:3 10:23
vince 111:6,7,15 111:18,21 112:7 112:15,18,21,25 125:8 126:2 131:12,18 189:21 189:23,24 190:3 190:12,17 191:13	wang 27:25 28:1,2 28:10 29:25 30:7 54:3 62:18 118:10 119:12 195:24 196:2	wc.com 2:16	westonhurd.com 2:7
vincent 23:2,4,8 23:12,18,21,24 24:4,14,21	want 64:14 145:14 145:16 172:9,20 172:24 175:22,24 188:3 191:7 192:15,20 199:14 211:15 231:6 238:9	web 144:5,20,23 146:15,23 147:1,4 147:14,20 148:2,4 148:10,12 149:4 149:23 150:1,4 154:14 155:8 161:21,22	whatnot 24:17
vincent's 137:17	wanted 26:20 54:25 55:2,11 69:8,10 231:22	website 6:17,19 80:24 86:5 94:25 95:3 97:2 99:23 100:2 117:20 143:11,17,23,25 145:6 146:4,10,20 148:17,18,18 149:11,21 161:7 176:13	whereof 243:5
violating 171:16	wants 188:3	wednesday 208:7	white 102:17
visited 220:17 221:12,14,16 222:1,6,9,17,23	warned 225:13	week 14:6,19 15:4 15:13 17:13 52:13 157:3	whites 102:21 104:4
vital 209:13 214:15 215:2	warnings 225:7,10	weigh 160:18	wide 97:24,25
vodka 154:1	washington 2:15 3:15	welcome 71:2 162:12	widespread 97:18
voice 239:23,24,25 240:1	watch 199:22 208:4	wendy 1:25 2:18 10:13 206:13 242:6 243:14	williams 2:13 10:11 21:18,24 27:21 29:15 30:12 118:20
vote 56:1 58:8,12 58:16 60:9,13,20 82:20 118:21 133:15,16 192:7 201:22	watched 208:2,6 237:21	wendy.feinstein 2:21	williamstown 21:19
voted 31:11 34:14 34:16 43:17 72:1 118:15,24 201:8 201:10	water 188:15	went 21:17,18 23:21 31:8 43:14 69:10 126:8,9 127:12 136:23 138:10 174:24 207:2	willows 16:7 21:10
votes 27:7 60:19	watson 218:21	west 2:18,22 3:3 10:13 206:13	wilson 3:14 11:5
voting 74:12 113:5 119:23 120:14,21	way 19:4 50:22 57:24 58:1,4,14 61:24 69:18 103:2 106:9 115:3 127:21,22 131:7 137:7,8 139:21 172:12 186:25 199:1 202:14 209:24 212:24 216:13 219:25 221:3 236:16 239:7		wilson.mudge 3:16
w			witness 2:3 10:5 11:15 141:15 142:2,7 171:12 173:2 174:8 175:11 206:7 211:19,21,22 237:7 240:4 242:9 242:14,15,18 243:5 244:8,11 245:1,4,11 246:1,4 246:15
wacker 2:22 3:3			witness's 241:2
wait 55:3 226:13			witnessed 184:17
waived 244:19			witnesses 174:15
wal 3:6			witness' 244:14
walgreens 237:14 237:18 238:19			wondered 96:9
			wondering 93:1
			word 34:18 64:5 92:11 97:5 179:7 191:7

[words - zero]

Page 40

words 99:9 202:5 work 14:5 17:4,20 18:1,6 20:20 25:13 26:10 36:5 36:9,14,15,25 37:9 37:10 38:7,12,18 40:7 43:15 48:3,7 49:12,19 63:6 67:17 92:19,24,25 93:3,6 110:22 111:8,23 112:16 112:22 113:25 114:10,18 115:9 115:11 116:14,25 124:6,10,14,20 127:19 128:21 130:9 134:6 141:18 142:8 144:9,13 162:18 163:6 168:6 172:12,17 173:20 186:3,4 232:16 233:25 worked 35:3 38:25 working 14:1 17:15,18 45:18 73:17 133:19 134:3 190:17,23 191:14,25 230:19 works 53:11 190:13 world 3:8 226:14 worse 181:15,16 202:14 write 95:21,24 96:4,6 146:23 148:12 152:15,19 215:18,24 219:10 224:8 226:4 238:25,25	writes 81:14 88:12 writing 88:7,10 94:19 95:10,13 97:6,9 144:23 147:1,20 148:9 149:4 158:17 226:25 written 96:15 120:25 121:1 158:14 165:25 219:6 224:4 226:10,23 227:7 228:16,25 229:1 239:1 wrong 26:19 30:8 30:10 156:19,20 156:23 157:1,17 157:23 188:6,9 wrote 94:24 95:2 95:15 121:23 144:20 148:20,24 149:11 155:2 158:7,16 161:21 161:22 227:1 wv 3:21	195:2,9 199:23 210:14 216:8,8 228:22 234:5 236:6 year 21:6 35:21,24 39:17 43:12 49:8 49:25 75:19,25 76:5,13 87:15 94:4 133:3 148:14 152:11 187:6,10 198:12 yearly 24:10,12 years 12:6,15 21:9 21:11,14 22:20 24:5 27:16 32:12 32:13 35:17,18 37:21 39:16 47:5 66:3 76:17 94:4 98:7,9,12,17 101:25 106:13,14 136:10,11 140:4 148:16,21,24 158:8 167:18 182:7 yesterday 196:6 196:18 young 96:10,20,23 younger 187:14,20 youth 19:14,16,19 19:20,22 20:2,9 37:10 38:17 39:3
	y	
	yea 209:4 yeah 20:24 21:17 28:11,12 29:16 33:20 34:15,22 35:9 38:1 42:16 50:15 58:14 72:10 79:15 85:14 91:17 96:20 103:1 126:22 127:8,12 132:8 145:17 147:5,8,12 148:6 155:11 158:14 179:3 182:3 186:21 187:23 189:9 191:6,7	z
	zero 203:1,1	

Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF SEPTEMBER 1, 2016. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

Veritext Legal Solutions is committed to maintaining the confidentiality of client and witness information, in accordance with the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA), as amended with respect to protected health information and the Gramm-Leach-Bliley Act, as amended, with respect to Personally Identifiable Information (PII). Physical transcripts and exhibits are managed under strict facility and personnel access controls. Electronic files of documents are stored in encrypted form and are transmitted in an encrypted fashion to authenticated parties who are permitted to access the material. Our data is hosted in a Tier 4 SSAE 16 certified facility.

Veritext Legal Solutions complies with all federal and State regulations with respect to the provision of court reporting services, and maintains its neutrality and independence regardless of relationship or the financial outcome of any litigation. Veritext requires adherence to the foregoing professional and ethical standards from all of its subcontractors in their independent contractor agreements.

Inquiries about Veritext Legal Solutions' confidentiality and security policies and practices should be directed to Veritext's Client Services Associates indicated on the cover of this document or at www.veritext.com.